

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -2 PM 8:54

DOCUMENT # C10293 (4)

1. Corporation Name

OCEANWAY LODGE NO. 279 FREE AND ACCEPTED MASONS
OF FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
60001419926
-03/02/95--01109--001
14950.00 *130.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O WILLIAM G. WOLF
220 OCEAN ST
JACKSONVILLE FL 32202

Mailing Address

C/O WILLIAM G. WOLF
220 OCEAN ST
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

06/30/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

59-1641891

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLF, WILLIAM G
220 OCEAN ST
JACKSONVILLE FL 32202

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE WM
NAME WISE, WILLIAM L SR
STREET ADDRESS 2550 WATER BLUFF DR
CITY-ST-ZIP JACKSONVILLE FL

TITLE S
NAME RITTER, ROBERT G
STREET ADDRESS 3777 STARRATT RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE SW
NAME HUNT, BILLY G
STREET ADDRESS 7404 BAMBERG RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE JW
NAME BARR, FRED W JR
STREET ADDRESS 819 FIELDS RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE T
NAME GRIFFIS, MONROE T
STREET ADDRESS 13626 BENTON RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE WORSHIPFUL MASTER/D
1.2 NAME BILLY GENE HUNT
1.3 STREET ADDRESS 7404 BAMBERG RD
1.4 CITY-ST-ZIP JACKSONVILLE FL 32211-3723

2.1 TITLE SENIOR WARDEN/D
2.2 NAME FRED W BARR JR
2.3 STREET ADDRESS 819 FIELDS RD
2.4 CITY-ST-ZIP JACKSONVILLE FL 32218-3842

3.1 TITLE JUNIOR WARDEN/D
3.2 NAME JOE HENRY ROBERTS SR
3.3 STREET ADDRESS 2554 TULSA RD N
3.4 CITY-ST-ZIP JACKSONVILLE FL 32218

4.1 TITLE TREASURER/D
4.2 NAME MONROE TATE GRIFFIS
4.3 STREET ADDRESS 13626 BENTON RD
4.4 CITY-ST-ZIP JACKSONVILLE FL 32218-6813

5.1 TITLE SECRETARY/D
5.2 NAME ROBERT GAROLD RITTER
5.3 STREET ADDRESS 3777 STARRATT RD
5.4 CITY-ST-ZIP JACKSONVILLE FL 32226-1349

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Billy N. Hunt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-07-95
Date

744-4035
Telephone Number