

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10293 (4)

1. Corporation Name
OCEANWAY LODGE NO. 279 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 04/02/1996
4. FEI Number 59-1641891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

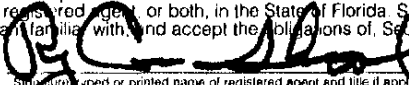
9. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: **2-3-97**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	WMD BARR, FRED W JR.	819 FIELDS RD	JACKSONVILLE FL 32218-3842	
	SWD ROBERTS, JOE H SR.	271 MEADOWFIELD BLUFFS RD.	YULEE FL 32097	
	JWD SHAW, JAMES E JR.	11787 HIGHPLAINS DR. E	JACKSONVILLE FL 32218-7826	
	TD GRIFFIS, MONROE T	13626 BENTON RD.	JACKSONVILLE FL 32218-6813	
	SD RITTER, ROBERT G	3777 STARRATT RD.	JACKSONVILLE FL 32226-1349	
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	WORSHIPFUL MASTER D	Joe Henry Roberts Sr	271 Meadowfield Bluffs Rd
		Yulee FL 32097	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	SENIOR WARDEN D	James Edward Shaw Jr	11787 High Plains Dr. E
		Jacksonville Fl 32218-7626	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	JUNIOR WARDEN D	Wayne Arthur Croft	11870 Water Bluff Lane E
		Jacksonville FL 32218-2163	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	TREASURER D	Monroe Tate Griffis	13626 Benton Rd
		Jacksonville Fl 32218-6813	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	SECRETARY D	Robert Garold Ritter	3777 Starratt Rd
		Jacksonville Fl 32226-1349	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		800002142568	
		-04/14/97--01040--029	
		***2522 75	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: **3-4-97** DAYTIME PHONE: **904-751-1724**

CR2E037 (9/96)