

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **C10294** (2)

1. Corporation Name

**LEHIGH ACRES LODGE NO. 344 FREE AND ACCEPTED MAS
ONS OF FLORIDA**



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
03/21/1995

2. Principal Place of Business

2a. Mailing Address

21 **Roy Connor Sheppard**

26 **Roy Connor Sheppard**

4. FEI Number
59-1379537

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **WMD**
STREET ADDRESS **HOPKINS, HARRY C JR**
CITY - ST - ZIP **1825 ROCKFORD BLVD.
LEHIGH ACRES FL 33936-5871**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

**WORSHIPFUL MASTER (D)
CLIFF ALLAN AYERS
11 ANDROS ST.
LEHIGH ACRES FL 33936-6819**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **CAMPBELL, ROBERT L**
CITY - ST - ZIP **1501 MEDFORD PL
LEHIGH ACRES FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

**SENIOR WARDEN (D)
KENNETH JOSEPH LAVINE
212 ROBERT AVE
LEHIGH ACRES FL 33936-5422**

TITLE ☐ DELETE
NAME **SWD**
STREET ADDRESS **AYERS, CLIFF A**
CITY - ST - ZIP **11 ANDROS STREET
LEHIGH ACRES FL 33963-5422**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

**JUNIOR WARDEN (D)
JEROME LOGAN MASSEE
2214 GARDENIA WAY
LEHIGH ACRES FL 33936**

TITLE ☐ DELETE
NAME **JWD**
STREET ADDRESS **LAVINE, KENNETH J**
CITY - ST - ZIP **212 ROBERT AVE.
LEHIGH ACRES FL 33936-5422**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

**TREASURER (D)
ROBERT LEWIS CAMPBELL
1501 MEDFORD PL
LEHIGH ACRES FL 33936-5941**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **SHEETS, JACK M**
CITY - ST - ZIP **1440 ARCHER ST.
LEHIGH ACRES FL 33936-5371**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

**SECRETARY (D)
JACK MELTON SHEETS
1440 ARCHER ST
LEHIGH ACRES FL 33936-5371**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 369-1953

CR2E037 (12/95)