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FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
USC/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218
US

3. Date Incorporated or Qualified

06/30/1992

3a. Date of Last Report

03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1379537

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 a family 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

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE WMD
NAME HOPKINS, HARRY C JR
STREET ADDRESS 1825 ROCKFORD BLVD.
CITY-ST-ZIP LEHIGH ACRES FL 33936-58711.1 TITLE WORSHIPFUL MASTER D
1.2 NAME Kenneth Joseph Lavine
1.3 STREET ADDRESS 212 Robert Ave
1.4 CITY-ST-ZIP Lehigh Acres FL 33972-5422TITLE SD
NAME CAMPBELL, ROBERT L
STREET ADDRESS 1501 MEDFORD PL
CITY-ST-ZIP LEHIGH ACRES FL2.1 TITLE SENIOR WARDEN D
2.2 NAME Jerome Logan Maxiee
2.3 STREET ADDRESS 214 Danby Road
2.4 CITY-ST-ZIP Lehigh Acres FL 33936TITLE SWD
NAME AYERS, CLIFF A
STREET ADDRESS 11 ANDROS STREET
CITY-ST-ZIP LEHIGH ACRES FL 33963-54223.1 TITLE JUNIOR WARDEN D
3.2 NAME William Horseling
3.3 STREET ADDRESS 310 North Ave.
3.4 CITY-ST-ZIP Lehigh Acres FL 33972-5145TITLE JWD
NAME LAVINE, KENNETH J
STREET ADDRESS 212 ROBERT AVE.
CITY-ST-ZIP LEHIGH ACRES FL 33936-54224.1 TITLE TREASURER D
4.2 NAME Robert Lewis Campbell
4.3 STREET ADDRESS 1501 Medford Pl
4.4 CITY-ST-ZIP Lehigh Acres FL 33936-5941TITLE TD
NAME SHEETS, JACK M
STREET ADDRESS 1440 ARCHER ST.
CITY-ST-ZIP LEHIGH ACRES FL 33936-53715.1 TITLE SECRETARY D
5.2 NAME Jack Melton Sheets
5.3 STREET ADDRESS 1440 Archer St
5.4 CITY-ST-ZIP Lehigh Acres FL 33972-5371TITLE SD
NAME SHEETS, JACK MELTON
STREET ADDRESS 1440 ARCHER STREET
CITY-ST-ZIP LEHIGH ACRES FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Kenneth J. Lavine

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 1004067

CH2E037 (9/96)