

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAR 25 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
US

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
US

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-1379537

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

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)

000002469510-- 8

83

-03/26/98--01084--001

84 City

5083.75 **61.25

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 type or printed name of registered agent and applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 33936-5871

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

WORSHIPFUL MASTER (D) Change Addition
Jerome Logan Massee
214 Danby Road
Lehigh Acres FL 33936

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

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

SECRETARY (D)
Jack Melton Sheets
1440 Archer St
Lehigh Acres FL 33972-5371

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

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

SENIOR WARDEN (D)
William Horseling
310 North Ave.
Lehigh Acres FL 33972-5145

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

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

JUNIOR WARDEN (D)
Charles William Martin
71 Pierce St
Lehigh Acres FL 33972-5321

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

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

TREASURER (D)
Robert Lewis Campbell
1501 Medford Pl
Lehigh Acres FL 33936-5941

TITLE SD
NAME SHEETS, JACK MELTON
STREET ADDRESS 1440 ARCHER STREET
CITY-ST-ZIP LEHIGH ACRES FL

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(3)(a), Florida Statutes, 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:

Jerome L. Massee

CR2E037 (1097)