

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90161 001 *5,083.75

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DOCUMENT # C10294

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-1379537

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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

N/A

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE WMD
NAME MASSEE, JEROME L
STREET ADDRESS 214 DANBY ROAD
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ DELETE

TITLE SD
NAME SHEETS, JACK M
STREET ADDRESS 1440 ARCHER ST
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☐ DELETE

TITLE SWD
NAME HORSELING, WILLIAM
STREET ADDRESS 310 NORTH AVE
CITY-ST-ZIP LEHIGH ACRES FL 33972-5145 ☒ DELETE

TITLE JWD
NAME MARTIN, CHARLES W
STREET ADDRESS 71 PIERCE STREET
CITY-ST-ZIP LEHIGH ACRES FL 33972 ☒ DELETE

TITLE TD
NAME CAMPBELL, ROBERT L
STREET ADDRESS 1501 MEDFORD PL
CITY-ST-ZIP LEHIGH ACRES FL 33936-5941 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE WORSHIPFUL MASTER (D) ☒ Addition
1.2 NAME William Horseling
1.3 STREET ADDRESS 310 North Ave.
1.4 CITY-ST-ZIP Lehigh Acres FL 33972-5145

2.1 TITLE SENIOR WARDEN (D) ☒ Addition
2.2 NAME Charles William Martin
2.3 STREET ADDRESS 71 Pierce St
2.4 CITY-ST-ZIP Lehigh Acres FL 33972-5321 ☐ Addition

3.1 TITLE JUNIOR WARDEN (D) ☒ Addition
3.2 NAME Kenneth Joseph Lavine
3.3 STREET ADDRESS 212 Robert Ave
3.4 CITY-ST-ZIP Lehigh Acres FL 33972-5422 ☐ Addition

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

6.1 TITLE ☐ Change ☐ Addition
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 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, with another like empowered.

SIGNATURE:

Signature of William Horseling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William Horseling, Worshipful Master

March 2, 1999

(941) 369-1953

CR2E037 (11/98)