FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -2 PM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE **130.00

DOCUMENT # C10304 (9)

1. Corporation Name

CANAVERAL LODGE NO. 339 FREE AND ACCEPTED MASONS 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: 04/29/1994
4. FEI Number: 23-7181516 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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
WOLF, WILLIAM G. 200 OCEAN STREET JACKSONVILLE FL 32202	81 SHEPPARD, ROY CONNOR 82 220 OCEAN STREET 83 JACKSONVILLE FL 32202 84

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 2/6/95
Signature, type 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	WM	1.1 TITLE	WORSHIPFUL MASTER/D
NAME	WICKER, ROBERT E II	1.2 NAME	GROVER RAY REVELS
STREET ADDRESS	2426 ALLAN ADALE RD	1.3 STREET ADDRESS	981 MIRACLE WAY
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	ROCKLEDGE FL 32955-2323
TITLE	S	2.1 TITLE	SECRETARY/D
NAME	BOSLEY, HERSCHAEL L	2.2 NAME	HERSCHAEL LEROY BOSLEY
STREET ADDRESS	760 S BREVARD AVE #314	2.3 STREET ADDRESS	760 S BREVARD AVE #314
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	COCOA BEACH FL 32931-2581
TITLE	SW	3.1 TITLE	SENIOR WARDEN/D
NAME	REVELS, GROVER R	3.2 NAME	JOHN HENRY WORKMAN
STREET ADDRESS	981 MIRACLE WAY	3.3 STREET ADDRESS	225 MINDY AVE.
CITY-ST-ZIP	ROCKLEDGE FL	3.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953-444
TITLE	JW	4.1 TITLE	JUNIOR WARDEN/D
NAME	WORKMAN, JOHN H	4.2 NAME	FREDRICK HARRY TAYLOR
STREET ADDRESS	225 MINDY AVE	4.3 STREET ADDRESS	6155 ADELE ST
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	COCOA FL 32927-6855
TITLE	T	5.1 TITLE	TREASURER/D
NAME	LENNOX, WAYNE J	5.2 NAME	WAYNE JESSE LENNOX
STREET ADDRESS	1600 NINUTEMEN CSWY	5.3 STREET ADDRESS	1600 MINUTEMEN CSWY
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP	COCOA BEACH FL 32931-2010
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

3/2/95 MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 02-09-95 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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