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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **C10304** **(9)**

1. Corporation Name

CANAVERAL LODGE NO. 339 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202	C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/14/1996

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

4. FEI Number: 23-7181516 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
200 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 _____ 2-3-97
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	JWD	☐ DELETE	1.1 TITLE	WORSHIPFUL MASTER D
NAME	MAGERAS, PETE N		1.2 NAME	Fredrick Harry Taylor
STREET ADDRESS	4780 NAVAHO TRL		1.3 STREET ADDRESS	6155 Adele St
CITY-ST-ZIP	MERRITT ISLAND FL 32953-7824		1.4 CITY-ST-ZIP	Cocoa Fl 32927-8855
TITLE	SD	☐ DELETE	2.1 TITLE	SENIOR WARDEN D
NAME	BOSLEY, HERSCHAEL L		2.2 NAME	Pete Nick Mageras
STREET ADDRESS	760 S BREVARD AVE #314		2.3 STREET ADDRESS	4780 Navaho Trl
CITY-ST-ZIP	COCOA BEACH FL 32931-2581		2.4 CITY-ST-ZIP	Merritt Island Fl 32953-782
TITLE	WMD	☐ DELETE	3.1 TITLE	JUNIOR WARDEN D
NAME	WORKMAN, JOHN H		3.2 NAME	Raymond Lee Brewer
STREET ADDRESS	225 MINDY AVE.		3.3 STREET ADDRESS	489 Sheridan Ave.
CITY-ST-ZIP	MERRITT ISLAND FL 32953-0444		3.4 CITY-ST-ZIP	Satellite Beach Fl 32937-3064
TITLE	SWD	☐ DELETE	4.1 TITLE	TREASURER D
NAME	TAYLOR, FREDRICK H		4.2 NAME	Wayne Jesse Lennox
STREET ADDRESS	6155 ADELE ST.		4.3 STREET ADDRESS	200 St Lucie Lane #601
CITY-ST-ZIP	COCOA FL 32927-8855		4.4 CITY-ST-ZIP	Cocoa Beach FL 32931
TITLE	T	☐ DELETE	5.1 TITLE	SECRETARY D
NAME	LENNOX, WAYNE J		5.2 NAME	Francis T Hutson
STREET ADDRESS	1600 NINUTEMEN CSWY		5.3 STREET ADDRESS	3115 S Atlantic Ave # 502
CITY-ST-ZIP	COCOA BEACH FL 32931-2010		5.4 CITY-ST-ZIP	Cocoa Beach FL 32931
TITLE		☐ DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. 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.

SIGNATURE: Fredrick H. Taylor 2/11/97 904-354-2329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 0004024