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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # C10304

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	06/30/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7181516 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 N/A (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE N/A

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD	☒ DELETE	1.1 TITLE	WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
NAME	MAGERAS, PETE N		1.2 NAME	Raymond Lee Brewer
STREET ADDRESS	4780 NAVAHO TRL		1.3 STREET ADDRESS	489 Sheridan Ave.
CITY-ST-ZIP	MERRITT ISLAND FL 32953-7824		1.4 CITY-ST-ZIP	Satellite Beach Fl 32937-3064
TITLE ✓	SD	☐ DELETE	2.1 TITLE	SENIOR WARDEN (D) ☒ Addition
NAME	JACOBS, WALLACE B		2.2 NAME	Roy Lee Greer
STREET ADDRESS	850 MONTEGO BAY DR		2.3 STREET ADDRESS	392 Harbor Dr
CITY-ST-ZIP	MERRITT ISLAND FL 32953-3261		2. 4 CITY-ST-ZIP	Cape Canaveral FL 32920
TITLE	SWD	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BREWER, RAYMOND L		3.2 NAME	JUNIOR WARDEN (D) ☒
STREET ADDRESS	489 SHERIDAN AVE		3.3 STREET ADDRESS	Donald Charles Pretsch
CITY-ST-ZIP	SATELLITE BEACH FL 32934		3.4. CITY-ST-ZIP	1050 N Atlantic Ave
TITLE	JWD	☒ DELETE	4.1 TITLE	Cocoa Beach FL 32931 ☐ Change ☐ Addition
NAME	GREER, ROY L		4. 2 NAME	
STREET ADDRESS	392 HARBOR DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME ✓	HALLENBORH, JOHN C		5.2 NAME	
STREET ADDRESS	129 CHIPOLA RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL 32931-2603		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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 all other like empowered.

SIGNATURE: Katherine Harris Secretary — MARCH 6 1999 — 407-452-3708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WALLACE B. JACOBS

CR2E037 (1.1/98)