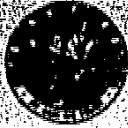


**CORPORATION  
ANNUAL REPORT  
1995**



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

95 MAR 22 AM 8:12

**DOCUMENT # C10306 (4)**

**1. Corporation Name  
COMPOSITE LODGE NO. 293 FREE AND ACCEPTED MASONS  
OF FLORIDA**

800001436948  
-03/22/95--01099--001  
\*\*17290.00 \*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**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 **23-7107162** Applied For  
Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 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  
**WOLF, WILLIAM G  
220 OCEAN STREET  
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent  
B1 **SHEPPARD, ROY CONNOR**  
B2 **220 OCEAN STREET**  
B3 **JACKSONVILLE FL 32202**  
B4

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 607.105, Florida Statutes.

SIGNATURE *[Signature]* 2/16/95  
Signature, typed or printed name of registered agent and title if applicable (Print) Registered Agent signature required when registering (Print)

12. OFFICERS AND DIRECTORS	
TITLE	WM
NAME	HARTMANN, OTTO H JR
STREET ADDRESS	3248 PEACE PIPE DR
CITY - ST - ZIP	ORLANDO FL
TITLE	S
NAME	DOW, GEORGE M
STREET ADDRESS	5270 LIMA PL
CITY - ST - ZIP	ORLANDO FL
TITLE	SW
NAME	JESTER, WESLEY M JR
STREET ADDRESS	451 BONIFAY AVE
CITY - ST - ZIP	ORLANDO FL
TITLE	JW
NAME	WETHERELL, HENRY T SR
STREET ADDRESS	PO BOX 540682 N/A
CITY - ST - ZIP	ORLANDO FL
TITLE	T
NAME	COUTURE, JACQUE A
STREET ADDRESS	5318 ANDREA BLVD
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	WORSHIPFUL MASTER/D
12 NAME	WESLEY MASON JESTER JR
13 STREET ADDRESS	451 BONIFAY AVE
14 CITY - ST - ZIP	ORLANDO FL 32825-8008
21 TITLE	SENIOR WARDEN/D
22 NAME	HENRY THORNDIKE WETHERELL S
23 STREET ADDRESS	PO BOX 540682 N/A
24 CITY - ST - ZIP	ORLANDO FL 32854-0682
31 TITLE	JUNIOR WARDEN/D
32 NAME	HENRY M SUTTON JR
33 STREET ADDRESS	2511 AMHERST AVE.
34 CITY - ST - ZIP	ORLANDO FL 32804-5071
41 TITLE	TREASURER/D
42 NAME	JESSE LEE WILLIAMSON
43 STREET ADDRESS	4401 LORING PL
44 CITY - ST - ZIP	ORLANDO FL 32812-1964
51 TITLE	SECRETARY/D
52 NAME	GEORGE MAURICE DOW
53 STREET ADDRESS	5270 LIMA PL
54 CITY - ST - ZIP	ORLANDO FL 32807-1625
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the statutory exemption provided by Chapter 117, Florida Statutes, and 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 my address.

SIGNATURE: *[Signature]* *Worshipful Master 20 F.B. 95 - (40) 356-3571*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Print) (Print)

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # C10312 (2)**

1. Corporation Name

**CRAWFORD LODGE NO. 294 FREE AND ACCEPTED MASONS  
OF FLORIDA**

900001436988  
-03/22/95--01099--001  
\*\*17290.00 \*\*\*\*130.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/30/1992</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-3056306</b>	Applied For Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G  
220 OCEAN STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81. SPEPPARD, 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 607.0515, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **2/6/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WM	11 TITLE	WORSHIPFUL MASTER/D
NAME	BROOKS, MIDFORD F	12 NAME	EDWARD V MANSFIELD
STREET ADDRESS	PO BOX 1221 N/A	13 STREET ADDRESS	P.O. BOX 71 N/A
CITY - ST - ZIP	CRAWFORDVILLE FL	14 CITY - ST - ZIP	ST MARKS FL 32355-0071
TITLE	S	21 TITLE	SENIOR WARDEN/D
NAME	DIEPHUIS, JAMES H	22 NAME	WILLIAM WARREN HOPSON
STREET ADDRESS	RT 1 BOX 517	23 STREET ADDRESS	P.O. BOX 722 N/A
CITY - ST - ZIP	SOPCHOPPY FL	24 CITY - ST - ZIP	CRAWFORDVILLE FL 32326-0722
TITLE	SW	31 TITLE	JUNIOR WARDEN/D
NAME	MANSFIELD, EDWARD V	32 NAME	LAWRENCE TALMADGE GLOVER
STREET ADDRESS	PO BOX 71 N/A	33 STREET ADDRESS	PO BOX 1357 N/A
CITY - ST - ZIP	ST MARKS FL	34 CITY - ST - ZIP	CRAWFORDVILLE FL 32626-1357
TITLE	JW	41 TITLE	TREASURER/D
NAME	HOPSON, WILLIAM W	42 NAME	CLAUDE WILLIAM TOOKE
STREET ADDRESS	PO BOX 722 N/A	43 STREET ADDRESS	PO BOX 276 N/A
CITY - ST - ZIP	CRAWFORDVILLE FL	44 CITY - ST - ZIP	CRAWFORDVILLE FL 32626-0276
TITLE	T	51 TITLE	SECRETARY/D
NAME	TOOKE, CLAUDE W	52 NAME	JAMES HUGHES DIEPHUIS
STREET ADDRESS	PO BOX 276 N/A	53 STREET ADDRESS	26 GRETCHEN LANE
CITY - ST - ZIP	CRAWFORDVILLE FL	54 CITY - ST - ZIP	SOPCHOPPY FL 32358
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **James H. Diephuis, Sec**

Feb 9, 1995  
904-962-2947  
LW 3-24-95

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **C10313** (0)

1. Corporation Name

**FORT MYERS BEACH LODGE NO. 362 FREE AND ACCEPTED  
MASONS OF FLORIDA**

600001436976  
-03/22/95--01099--001  
\*\*17290.00 \*\*\*130.00

DO NOT WRITE IN THIS SPACE

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 **59-1653959** 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 25 Country 29 Zip 30 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. 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  
WOLF, WILLIAM G.  
220 OCEAN STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent  
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 607.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/6/95**  
Signature of person named as registered agent and the if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	T
NAME	MICHAEL, JAMES L.
STREET ADDRESS	3 CLEARVIEW BLVD.
CITY - ST - ZIP	FORT MYERS FL 33931-4507
TITLE	WM
NAME	REICHENBECHER, KURT M.
STREET ADDRESS	2720 ASHWOOD STREET
CITY - ST - ZIP	FORT MYERS FL 33901-0911
TITLE	SW
NAME	BIERCE, BEAUFORT R
STREET ADDRESS	5829 SIXTH AVE
CITY - ST - ZIP	FORT MYERS FL
TITLE	S
NAME	MAZUER, WILLIAM F. JR.
STREET ADDRESS	19073 MURCOTT DR. W.
CITY - ST - ZIP	FORT MYERS FL 33912-3713
TITLE	JW
NAME	VILBIG, JOSEPH H
STREET ADDRESS	16160 DUBLIN CIR #1
CITY - ST - ZIP	FORT MYERS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	WORSHIPFUL MASTER / D
12 NAME	BEAUFORT RAY BIERCE
13 STREET ADDRESS	5629 SIXTH AVE
14 CITY - ST - ZIP	FORT MYERS FL 33907-2928
21 TITLE	SECRETARY / D
22 NAME	WILLIAM FRANCIS MAZUR JR
23 STREET ADDRESS	19073 MURCOTT DR W
24 CITY - ST - ZIP	FORT MYERS FL 33912-3713
31 TITLE	SENIOR WARDEN / D
32 NAME	E. JAMES TOBY
33 STREET ADDRESS	20552 POLYNESIAN LOOP
34 CITY - ST - ZIP	ESTERO FL 33928-2706
41 TITLE	JUNIOR WARDEN / D
42 NAME	MATTHEW LEE HALL
43 STREET ADDRESS	982 MAIN ST.
44 CITY - ST - ZIP	SANIBEL FL 33957-4506
51 TITLE	TREASURER / D
52 NAME	JAMES LOUIS MICHAEL
53 STREET ADDRESS	3 CLEARVIEW BLVD
54 CITY - ST - ZIP	FORT MYERS BEACH FL 33931-4507
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 130.07(2)(b), Florida Statutes. I do hereby 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]* DATE: **MARCH 2, 1995**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BEAUFORT R. BIERCE - WORSHIPFUL MASTER**  
904 - 354-2339  
RW 3-21-95

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # C10315 (5)  
1. Corporation Name  
BETHLEHEM LODGE NO. 276 FREE AND ACCEPTED MASONS OF FLORIDA

500001436995  
-03/22/95--01099--001  
\*\*17290.00 \*\*\*\*130.00  
DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
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 23-7526503 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  
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

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

9. Name and Address of Current Registered Agent  
WOLF, WILLIAM G.  
220 OCEAN ST  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent  
B1 SHEPPARD, ROY CONNOR  
B2 220 OCEAN STREET  
B3 JACKSONVILLE FL 32202  
B4

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 provisions of, Section 607.050, Florida Statutes.

SIGNATURE *[Signature]* 2/6/95 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS TO OFFICERS LISTED	
TITLE	WM	11 TITLE	WORSHIPFUL MASTER/D
NAME	MARSH, JOHN W	12 NAME	CARSON TURLINGTON
STREET ADDRESS	PO BOX 266 N/A	13 STREET ADDRESS	RR 4 BOX 100 N/A
CITY - ST - ZIP	BONIFAY FL	14 CITY - ST - ZIP	WESTVILLE FL 32464-9701
TITLE	S	21 TITLE	SENIOR WARDEN/D
NAME	GARNEY, ELZA B	22 NAME	ACEY LEE MIXON
STREET ADDRESS	RT 2 BOX 1690	23 STREET ADDRESS	BOX 1990 N/A
CITY - ST - ZIP	PONCE DE LEON FL	24 CITY - ST - ZIP	BONIFAY FL 32425
TITLE	SW	31 TITLE	JUNIOR WARDEN/D
NAME	TURLINGTON, CARSON	32 NAME	BILLIE PAUL NORRIS
STREET ADDRESS	RR 4 BOX 100	33 STREET ADDRESS	RT. 4 BOX 625
CITY - ST - ZIP	WESTVILLE FL	34 CITY - ST - ZIP	BONIFAY FL 32425-9625
TITLE	JW	41 TITLE	TREASURER/D
NAME	MIXON, ACEY L	42 NAME	ARTHUR D MILLER
STREET ADDRESS	*	43 STREET ADDRESS	RT 3 BOX 141 N/A
CITY - ST - ZIP	ESTO FL	44 CITY - ST - ZIP	BONIFAY FL 32425-9305
TITLE	Y	51 TITLE	SECRETARY/D
NAME	MILLER, ARTHUR D	52 NAME	ELZA BECKETT GARNEY
STREET ADDRESS	RT 3 BOX 141	53 STREET ADDRESS	RT 2 BOX 1690
CITY - ST - ZIP	BONIFAY FL	54 CITY - ST - ZIP	PONCE DE LEON FL 32455-9523
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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(2)(b), Florida Statutes. I do hereby 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 affidavit.

SIGNATURE: *[Signature]* 2/14/95 (904) 354-2339  
\*SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **C10316** (3)

1. Corporation Name

**J. EDWIN LARSON LODGE NO. 361 FREE AND ACCEPTED  
MASONS OF FLORIDA**

Principal Place of Business

Mailing Address

C/O WILLIAM G. WOLF  
220 OCEAN STREET  
JACKSONVILLE FL 32202

C/O WILLIAM G. WOLF  
220 OCEAN STREET  
JACKSONVILLE FL 32202

500001436975  
-03/22/95--01099--001  
\*\*17290.00 \*\*\*\*130.00  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

06/30/1992

04/29/1994

4. FEI Number

59-6611553

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

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.  
220 OCEAN STREET  
JACKSONVILLE FL 32202

81 NAME 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 607.0502, Florida Statutes.

SIGNATURE

*George Lee Waas*

2/6/95

Signature, typed 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	DM
NAME	EMBRY, ED W
STREET ADDRESS	2212 MULBERRY RD
CITY - ST - ZIP	TALLAHASSEE FL 32303
TITLE	S
NAME	WAAS, GEORGE LEE
STREET ADDRESS	3797 SALLY LN
CITY - ST - ZIP	TALLAHASSEE FL 32312
TITLE	DW
NAME	REISER, MARTIN H
STREET ADDRESS	18034 RAKESTRAW
CITY - ST - ZIP	TALLAHASSEE FL 32310
TITLE	JW
NAME	BAKOTIC, LURCH
STREET ADDRESS	1112 PINECREST DR
CITY - ST - ZIP	TALLAHASSEE FL 32301
TITLE	T
NAME	GAINNEY, JAMES N
STREET ADDRESS	2004 AMBOISE CT
CITY - ST - ZIP	TALLAHASSEE FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	WORSHIPFUL MASTER / D
12 NAME	MARTIN HERMAN REISER
13 STREET ADDRESS	18034 RAKESTRAW DR
14 CITY - ST - ZIP	TALLAHASSEE FL 32310-9447
21 TITLE	SECRETARY / D
22 NAME	GEORGE LEE WAAS
23 STREET ADDRESS	3797 SALLY LN
24 CITY - ST - ZIP	TALLAHASSEE FL 32312-1018
31 TITLE	SENIOR WARDEN / D
32 NAME	SCOTT D BAKOTIC
33 STREET ADDRESS	1112 PINECREST DR.
34 CITY - ST - ZIP	TALLAHASSEE FL 32301-3705
41 TITLE	JUNIOR WARDEN / D
42 NAME	FRANKLIN LAMAR BOWDEN JR
43 STREET ADDRESS	2235 BELLVUE WAY
44 CITY - ST - ZIP	TALLAHASSEE FL 32304-3903
51 TITLE	TREASURER / D
52 NAME	JAMES NOEL GAINNEY
53 STREET ADDRESS	2004 AMBOISE CT
54 CITY - ST - ZIP	TALLAHASSEE FL 32308-5901
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(b), 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: *George Lee Waas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/95 (904) 488-1573  
*GW* 3-21-95

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **C10317** (1)  
1. Corporation Name

**NORTH SHORE LODGE NO. 277 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

800001436938  
-03/22/95--01099--001  
\*\*17290.00 \*\*\*\*130.00  
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/30/1992</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-1373376</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G.  
220 OCEAN ST  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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, as except the provisions of Section 607.005, Florida Statutes.

SIGNATURE: *[Signature]* 2/6/95

12. OFFICERS AND DIRECTORS	
TITLE	WM
NAME	ASBELL, WAYNE
STREET ADDRESS	10851 SW 42ND PL
CITY - ST - ZIP	DAVIE FL
TITLE	S
NAME	DAWES, I. JACK
STREET ADDRESS	1151 N HIATUS RD
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	SW
NAME	BICKFORD, IRVING L
STREET ADDRESS	8631 PASADENA BLVD
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	JW
NAME	DEAQUINO, DILSON V
STREET ADDRESS	723 NW 139TH ST
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	BARNETT, MARK M
STREET ADDRESS	3667 NW 94TH AVE
CITY - ST - ZIP	FORT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	WCRSHIPFUL MASTER /D
12 NAME	WAYNE A ASBELL
13 STREET ADDRESS	10851 SW 42ND PL
14 CITY - ST - ZIP	DAVIE FL 33328-2115
21 TITLE	SENIOR WARDEN /D
22 NAME	IRVING LOUIS BICKFORD
23 STREET ADDRESS	8631 PASADENA BLVD
24 CITY - ST - ZIP	PEMBROKE PINES FL 33024-333
31 TITLE	JUNIOR WARDEN /D
32 NAME	DILSON V DEAQUINO
33 STREET ADDRESS	723 N.W. 139TH ST.
34 CITY - ST - ZIP	MIAMI FL 33168-2915
41 TITLE	TREASURER /D
42 NAME	MARK MARVIN BARNETT
43 STREET ADDRESS	3667 NW 94TH AVE
44 CITY - ST - ZIP	FORT LAUDERDALE FL 33151-6460
51 TITLE	SECRETARY /D
52 NAME	I. JACK DAWES
53 STREET ADDRESS	1151 N HIATUS RD
54 CITY - ST - ZIP	PEMBROKE PINES FL 33026-3034

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not require a fee. I certify that the information indicated on this annual report or supplemental annual report is true and accurate, that I am an officer or director of the corporation, and that I am not a receiver or trustee or assignee or executor of this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report with an address.

SIGNATURE: *[Signature]* WAYNE A. ASBELL

2-13-95 305-475-4299  
RW 3-22-95

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **C10319** (7)

1. Corporation Name

**ENSLEY LODGE NO. 278 FREE AND ACCEPTED MASONS OF FLORIDA**

900001436939  
-03/22/95--01099--001  
\*\*17290.00 \*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

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 **23-7526504** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 29 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. 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  
WOLF, WILLIAM G.  
220 OCEAN ST  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent  
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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **2/6/95**

12. OFFICERS AND DIRECTORS

TITLE	WM
NAME	NELSON, DANIEL W
STREET ADDRESS	3841 OVERLAND DR
CITY - ST - ZIP	PENSACOLA FL
TITLE	S
NAME	HOWELL, O Z
STREET ADDRESS	209 BARKER ST
CITY - ST - ZIP	PENSACOLA FL
TITLE	SW
NAME	HELTON, HENRY E
STREET ADDRESS	5710 ESPARANTO DRIVE
CITY - ST - ZIP	PENSACOLA FL
TITLE	JW
NAME	KEENAN, HERMAN K
STREET ADDRESS	5565 BRADLEY ST
CITY - ST - ZIP	PENSACOLA FL
TITLE	T
NAME	STUCKEY, DONALD H
STREET ADDRESS	103 AIRPORT BLVD
CITY - ST - ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. OFFICERS AND DIRECTORS

11 TITLE	WORSHIPFUL MASTER / D
12 NAME	HENRY EUGENE HELTON
13 STREET ADDRESS	5710 ESPARANTO DRIVE
14 CITY - ST - ZIP	PENSACOLA FL 32526-2207
21 TITLE	SENIOR WARDEN / D
22 NAME	HERMAN KENNETH KEENAN
23 STREET ADDRESS	5565 BRADLEY ST.
24 CITY - ST - ZIP	PENSACOLA FL 32526-9435
31 TITLE	JUNIOR WARDEN / D
32 NAME	CHARLES ANDERSON OWENS JR
33 STREET ADDRESS	2733 KELSO ROAD
34 CITY - ST - ZIP	PENSACOLA FL 32514
41 TITLE	TREASURER / D
42 NAME	DONALD HAYWARD STUCKEY
43 STREET ADDRESS	103 AIRPORT BLVD
44 CITY - ST - ZIP	PENSACOLA FL 32503-7625
51 TITLE	SECRETARY / D
52 NAME	O. Z HOWELL
53 STREET ADDRESS	209 BARKER ST
54 CITY - ST - ZIP	PENSACOLA FL 32514-3417
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not contain any false or misleading information. I 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]* DATE: **2-20-95**

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # C10320 (5)**

1. Corporation Name  
**ENGLEWOOD LODGE NO. 360 FREE AND ACCEPTED MASONS OF FLORIDA**

Principal Place of Business C/O WILLIAM G WOLF 220 OCEAN ST JACKSONVILLE FL 32202	Mailing Address C/O WILLIAM G WOLF 220 OCEAN ST JACKSONVILLE FL 32202
--	--

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/30/1992</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-6174899</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WOLF, WILLIAM G. 220 OCEAN STREET JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202
--	---

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 607.1508, Florida Statute.

SIGNATURE: *[Signature]* (Date) **2/6/95**

12. OFFICERS AND DIRECTORS

TITLE	WM
NAME	MCIVERS, PETER T
STREET ADDRESS	258 MARINER LANE
CITY - ST - ZIP	ROTONDA WEST FL
TITLE	S
NAME	VAN SANT, JAMES S
STREET ADDRESS	741 TANGERINE WOODS BLVD
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	SW
NAME	MORGAN, DANA P
STREET ADDRESS	375 GRAY ROAD
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	JW
NAME	GROLEMUND, ROBERTO E
STREET ADDRESS	6205 SPINNAKER BLVD
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	T
NAME	MCINTYRE, EDWARD S
STREET ADDRESS	1970 NEPTUNE DR
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	WORSHIPFUL MASTER /D
12 NAME	DANA PHILLIP MORGAN
13 STREET ADDRESS	375 GRAY ROAD
14 CITY - ST - ZIP	ENGLEWOOD FL 34223-4023
21 TITLE	SECRETARY /D
22 NAME	JAMES S VAN SANT
23 STREET ADDRESS	741 TANGERINE WOODS BLVD
24 CITY - ST - ZIP	ENGLEWOOD FL 34223-6054
31 TITLE	SENIOR WARDEN /D
32 NAME	ROBERTO EUGENIO GROLEMUND
33 STREET ADDRESS	6205 SPINNAKER BLVD.
34 CITY - ST - ZIP	ENGLEWOOD FL 34224
41 TITLE	JUNIOR WARDEN /D
42 NAME	THOMAS H BUNETTA
43 STREET ADDRESS	491 BLACKBURN ST.
44 CITY - ST - ZIP	ENGLEWOOD FL 34223-2501
51 TITLE	TREASURER /D
52 NAME	ROBERT J MAC ALVANAH
53 STREET ADDRESS	9322 LUCIAN AVENUE
54 CITY - ST - ZIP	ENGLEWOOD FL 34224
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(b), 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 prosecute 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]* JAMES S. VAN SANT, SECRETARY  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813 474-4343  
 3-21-95



**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **C10324** (7)

1. Corporation Name

TEMPLE LODGE NO. 23 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

200001438862  
-03/22/95--01099--001  
\*\*17290.00 \*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/30/1992</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FBI Number <b>59-0478232</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G  
220 OCEAN STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name	SHEPPARD, ROY CONNOR
82 Street	220 OCEAN STREET
83	JACKSONVILLE FL 32202
84 City	

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 *Roy Connor Sheppard* DATE *2/6/95*

12. OFFICERS AND DIRECTORS

TITLE	WM
NAME	WALDING, JERRY E
STREET ADDRESS	7015 MISS MUFFET LANE
CITY - ST - ZIP	JACKSONVILLE FL 32210
TITLE	S
NAME	BRADFORD, ARCHIE J JR
STREET ADDRESS	914 MEMORIAL PARK RD
CITY - ST - ZIP	JACKSONVILLE FL 32221-4469
TITLE	SW
NAME	HALL, DAVID M
STREET ADDRESS	10960 BEACH BLVD #181
CITY - ST - ZIP	JACKSONVILLE FL 32246-4846
TITLE	JW
NAME	DURST, ROBERT L
STREET ADDRESS	6211 EASTWOOD LANE
CITY - ST - ZIP	JACKSONVILLE FL 32211-3906
TITLE	T
NAME	BARGER, RICHARD A
STREET ADDRESS	6212 ROUND OAK LN
CITY - ST - ZIP	JACKSONVILLE FL 32211-3520
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	WCRSHIPFUL MASTER / D
12 NAME	DAVID MARTIN HALL
13 STREET ADDRESS	10960 BEACH BLVD #181
14 CITY - ST - ZIP	JACKSONVILLE FL 32246-4846
21 TITLE	SECRETARY / D
22 NAME	ARCHIE JOSEPH BRADFORD JR
23 STREET ADDRESS	914 MEMORIAL PARK RD
24 CITY - ST - ZIP	JACKSONVILLE FL 32221-4469
31 TITLE	SENIOR WARDEN / D
32 NAME	ROBERT LEROY DURST
33 STREET ADDRESS	6211 EASTWOOD LANE
34 CITY - ST - ZIP	JACKSONVILLE FL 32211-3906
41 TITLE	JUNIOR WARDEN / D
42 NAME	MARK PETER CARTIER
43 STREET ADDRESS	1642 PANTHER RIDGE CT.
44 CITY - ST - ZIP	JACKSONVILLE FL 32225-4520
51 TITLE	TREASURER / D
52 NAME	RICHARD ANDREW BARGER
53 STREET ADDRESS	6212 ROUND OAK LN
54 CITY - ST - ZIP	JACKSONVILLE FL 32211-3520
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and checked up, 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 *David M. Hall* DATE *2/20/95* *642-2765*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DAVID M. HALL  
 3-22-95 LW  
 000020

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # C10330 (4)**

1. Corporation Name  
**R.T. SCHAFER LODGE NO. 350 FREE AND ACCEPTED MAS  
 ONS OF FLORIDA**

300001486973  
 -03/22/95--01099--001  
 \*\*17290.00 \*\*\*\*130.00

Principal Place of Business <b>C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202</b>	Mailing Address <b>C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202</b>
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/30/1992</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>23-7193184</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>2505 N.E. 9th St.</b> Subs. Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 794</b> State, Apt. #, etc.
23 <b>GAINESVILLE, FLA.</b> City & State	27 <b>GAINESVILLE FLA.</b> City & State
24 <b>32602</b> Zip 25 <b>ALACHUA</b> Country	29 <b>32602</b> Zip 30 <b>ALACHUA</b> Country

5. Certificate of Status Cleared <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

<b>WOLF, WILLIAM G. 220 OCEAN STREET JACKSONVILLE FL 32202</b>
--

10. Name and Address of New Registered Agent

<b>B1 STEPPARD, ROY CONNOR</b>
<b>B2 220 OCEAN STREET</b>
<b>B3 JACKSONVILLE FL 32202</b>
<b>B4</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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]* Date: **2/6/95**

12. OFFICERS AND DIRECTORS

TITLE	<b>WM</b>
NAME	<b>JONES, EDWARD C JR</b>
STREET ADDRESS	<b>4533 NE 77TH AVE</b>
CITY - ST - ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>S</b>
NAME	<b>SMITH, HENRY E</b>
STREET ADDRESS	<b>3720 NW 61ST PL</b>
CITY - ST - ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>SW</b>
NAME	<b>HARRIS, RAYMOND D</b>
STREET ADDRESS	<b>8125 SW 103RD AVE</b>
CITY - ST - ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>JW</b>
NAME	<b>NORRIS, JEFFREY G</b>
STREET ADDRESS	<b>PO BOX 1014 N/A</b>
CITY - ST - ZIP	<b>ALACHUA FL</b>
TITLE	<b>T</b>
NAME	<b>STROUD, MASON C JR</b>
STREET ADDRESS	<b>1722 NW 39TH TERR</b>
CITY - ST - ZIP	<b>GAINESVILLE FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>WCRSHIPFUL MASTER/D</b>
12 NAME	<b>RAYMOND DENTON HARRIS</b>
13 STREET ADDRESS	<b>8125 S.W. 103RD AVE</b>
14 CITY - ST - ZIP	<b>GAINESVILLE FL 32608-6212</b>
21 TITLE	<b>SECRETARY/D</b>
22 NAME	<b>HENRY ELDON SMITH</b>
23 STREET ADDRESS	<b>3410 N W 62ND PLACE</b>
24 CITY - ST - ZIP	<b>GAINESVILLE FL 32653-8844</b>
31 TITLE	<b>SENIOR WARDEN/D</b>
32 NAME	<b>JEFFREY GLENN NORRIS</b>
33 STREET ADDRESS	<b>P.O. BOX 1014 N/A</b>
34 CITY - ST - ZIP	<b>ALACHUA FL 32615-1014</b>
41 TITLE	<b>JUNIOR WARDEN/D</b>
42 NAME	<b>WILLIAM SHANNON JACKSON</b>
43 STREET ADDRESS	<b>2020 N E 56TH BLVD</b>
44 CITY - ST - ZIP	<b>GAINESVILLE FL 32601</b>
51 TITLE	<b>TREASURER /D</b>
52 NAME	<b>MASON CARROLL STROUD JR</b>
53 STREET ADDRESS	<b>1722 N.W. 39TH TERR.</b>
54 CITY - ST - ZIP	<b>GAINESVILLE FL 32605-3534</b>
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the assignment under the provisions of the Uniform Fraudulent Debtors Act, and 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* HENRY E. SMITH 2-20-95 392-1121  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*[Signature]* 3-21-95

**BE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # C10332 (0)**

1. Corporation Name

**FERRY PASS LODGE NO. 348 FREE AND ACCEPTED MASON  
S OF FLORIDA**

200001436972  
-03/22/95--01099--001  
do not write on this state \*130.00

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 **23-7585561 59-2353178** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 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. 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.  
220 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 of individual or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

2/16/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **WM**  
NAME **BAUMERT, DUANE O SR**  
STREET ADDRESS **4532 SAINT NAZAIRE RD**  
CITY- ST- ZIP **PENSACOLA FL**

11 TITLE **WORSHIPFUL MASTER/D**  
12 NAME **ROGER MELVIN GAYLARD**  
13 STREET ADDRESS **856 BELLE ROSE CIR**  
14 CITY- ST- ZIP **PENSACOLA FL 32514-1507**

TITLE **S**  
NAME **PEREZ, CHARLES**  
STREET ADDRESS **7649 NORTHPOINTE DR**  
CITY- ST- ZIP **PENSACOLA FL**

21 TITLE **SECRETARY /D**  
22 NAME **CHARLES PEREZ**  
23 STREET ADDRESS **7649 NORTHPOINTE DR**  
24 CITY- ST- ZIP **PENSACOLA FL 32514-6642**

TITLE **SW**  
NAME **GAYLARD, ROGER M**  
STREET ADDRESS **856 BELLE ROSE CIR**  
CITY- ST- ZIP **PENSACOLA FL**

31 TITLE **SENIOR WARDEN/D**  
32 NAME **FLOYD HORTON**  
33 STREET ADDRESS **5975 BORN DR**  
34 CITY- ST- ZIP **PENSACOLA FL 32504-6345**

TITLE **JW**  
NAME **HORTON, FLOYD**  
STREET ADDRESS **5975 BORN DR**  
CITY- ST- ZIP **PENSACOLA FL**

41 TITLE **JUNIOR WARDEN/D**  
42 NAME **THOMAS CHARLES RIDER**  
43 STREET ADDRESS **7826 N DAVIS**  
44 CITY- ST- ZIP **PENSACOLA FL 32514**

TITLE **T**  
NAME **WATSON, ROSCOE JR**  
STREET ADDRESS **1819 JOHN CARROLL DR**  
CITY- ST- ZIP **PENSACOLA FL**

51 TITLE **TREASURER /D**  
52 NAME **ROSCOE WATSON JR**  
53 STREET ADDRESS **1819 JOHN CARROLL DR**  
54 CITY- ST- ZIP **PENSACOLA FL 32504-8112**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for an exemption under Section 199.032, Florida Statutes. I affirm and 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 my attachment with my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R Melvin Gaylard

SW 3/21/95  
2-20-95 (904) 452 3422

**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

**DOCUMENT # C10336 (1)**

1. Corporation Name

**RIBAUT LODGE NO. 272 FREE AND ACCEPTED MASONS O  
F 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOLF, WILIAM G  
220 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 assent to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

*[Handwritten Signature]*

2/6/95

12. OFFICERS AND DIRECTORS

13. ADDITIONAL OFFICERS TO BE REGISTERED

TITLE	WM
NAME	KOREVEC, THOMAS E
STREET ADDRESS	13028 LOBLOLLY LN S
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	S
NAME	MCMULLEN, HAROLD J
STREET ADDRESS	1600 TANGLEWOOD RD
CITY- ST- ZIP	JACKSONVILLE BEACH FL
TITLE	SW
NAME	FETTEROLF, HAROLD T
STREET ADDRESS	1630 TOWNSEND BLVD
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	JW
NAME	DVERGSTEN, RUDOLPH G
STREET ADDRESS	91 AUTUMN SPRINGS CT W
CITY- ST- ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11 TITLE	WORSHIPFUL MASTER / D
12 NAME	HAROLD THEODORE FETTEROLF JR
13 STREET ADDRESS	1630 TOWNSEND BLVD.
14 CITY- ST- ZIP	JACKSONVILLE FL 32211-4947
21 TITLE	
22 NAME	SENIOR WARDEN / D
23 STREET ADDRESS	RUDOLPH GRALOW DVERGSTEN
24 CITY- ST- ZIP	91 AUTUMN SPRINGS CT W JACKSONVILLE FL 32225-3164
31 TITLE	
32 NAME	JUNIOR WARDEN / D
33 STREET ADDRESS	VINCENT RICHARD ERICK
34 CITY- ST- ZIP	3714 CHEROKEE VILLA LN. JACKSONVILLE FL 32211-2009
41 TITLE	
42 NAME	TREASURER / D
43 STREET ADDRESS	ISHMAEL WINFORD BRANT
44 CITY- ST- ZIP	1201 PENMAN RD NEPTUNE BEACH FL 32266-3163
51 TITLE	
52 NAME	SECRETARY / D
53 STREET ADDRESS	HAROLD JOSEPH MCMULLEN
54 CITY- ST- ZIP	1600 TANGLEWOOD RD. JACKSONVILLE BEACH FL 32250-2927
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not constitute any part of 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:

*[Handwritten Signature]*  
Harold T. Fetterolf, Jr. Wor. Master

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

2/21/95

246-6558

*[Handwritten Signature]* 3-22-95

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # C10340 (3)**

1. Corporation Name

**RIVERSIDE LODGE NO. 266 FREE AND ACCEPTED MASONS  
OF FLORIDA**

400001436934  
-03/22/95--01099--001  
\*\*17290.00 \*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

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

**59-1025460**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 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. 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

WOLF, WILLIAM G.  
220 OCEAN STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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 607.1505, Florida Statutes.

SIGNATURE

*James Dennis Pope*

(NOTE: Registered Agent signature required when transferring)

2/6/95

12. OFFICERS AND DIRECTORS

11 TITLE: WM  
12 NAME: HESS, KENNETH W  
13 STREET ADDRESS: 4820 PHYLISS ST  
14 CITY - ST - ZIP: JACKSONVILLE FL

21 TITLE: S  
22 NAME: SHEPPARD, ROY C  
23 STREET ADDRESS: 5513 SILKWOOD LANE  
24 CITY - ST - ZIP: ORANGE PARK FL

31 TITLE: SW  
32 NAME: POPE, JAMES D  
33 STREET ADDRESS: 1213 PERKINS PL  
34 CITY - ST - ZIP: JACKSONVILLE FL

41 TITLE: JW  
42 NAME: WALLACE, JOHN K  
43 STREET ADDRESS: 7753 PEPPER CIR E  
44 CITY - ST - ZIP: JACKSONVILLE FL

51 TITLE: T  
52 NAME: KOOSSED, BERNARD H  
53 STREET ADDRESS: 3594 TRASK ST  
54 CITY - ST - ZIP: JACKSONVILLE FL

61 TITLE:  
62 NAME:  
63 STREET ADDRESS:  
64 CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: WORSHIPFUL MASTER / D  
12 NAME: JAMES DENNIS POPE  
13 STREET ADDRESS: 1213 PERKINS PL.  
14 CITY - ST - ZIP: JACKSONVILLE FL 32221-1708

21 TITLE: SENIOR WARDEN / D  
22 NAME: JOHN KENNETH WALLACE  
23 STREET ADDRESS: 7753 PEPPER CIR. E  
24 CITY - ST - ZIP: JACKSONVILLE FL 32244-5069

31 TITLE: JUNIOR WARDEN / D  
32 NAME: RUFUS ELMER MILES JR  
33 STREET ADDRESS: 4713 ROYAL AVE.  
34 CITY - ST - ZIP: JACKSONVILLE FL 32205-4953

41 TITLE: TREASURER / D  
42 NAME: BERNARD HYNES KOOSSED  
43 STREET ADDRESS: 3594 TRASK ST.  
44 CITY - ST - ZIP: JACKSONVILLE FL 32205-5315

51 TITLE: SECRETARY / D  
52 NAME: DOUGLAS ROBERTSON MESSICK  
53 STREET ADDRESS: 6614 RAMOTH DRIVE  
54 CITY - ST - ZIP: JACKSONVILLE FL 32226-3204

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the designated amount of protection provided by Chapter 617, 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:

*James Dennis Pope*  
JAMES DENNIS POPE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 1995 354-2339

*RW 3-22-95*

**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

DOCUMENT # **C10342** (9)

1. Corporation Name

**FELLOWSHIP LODGE NO. 265 FREE AND ACCEPTED MASON  
S 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

30000143883  
-03/22/95--01099--001  
DO NOT WRITE IN THIS SPACE \*\*\*130.00

3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **04/29/1994**  
4. FEI Number **59-6143121** 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 28 Country 29 Zip 30 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. 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.  
220 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 607.050, Florida Statutes.

SIGNATURE

*[Signature]*

2/6/95

By Signature, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

(SEE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WM
NAME	MCMAHON, CHESTER E
STREET ADDRESS	4018 OHIO AVE
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	LUSE, ORVILLE R
STREET ADDRESS	3817 W LEILA AVE
CITY - ST - ZIP	TAMPA FL
TITLE	SW
NAME	LAUNEY, GLEN D
STREET ADDRESS	4005 W SWANN AVE
CITY - ST - ZIP	TAMPA FL
TITLE	JW
NAME	WHITE, L V
STREET ADDRESS	2105 W BARCLAY RD
CITY - ST - ZIP	TAMPA FL
TITLE	T
NAME	AGSTER, RICHARD S
STREET ADDRESS	417 W DAVIS BLVD
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	WORSHIPFUL MASTER / D
12 NAME	L. V WHITE
13 STREET ADDRESS	2105 W. BARCLAY RD
14 CITY - ST - ZIP	TAMPA FL 33612
21 TITLE	SENIOR WARDEN / D
22 NAME	STEVEN MARK WOODS
23 STREET ADDRESS	1521 W. COMANCHE AVE.
24 CITY - ST - ZIP	TAMPA FL 33603-1203
31 TITLE	JUNIOR WARDEN / D
32 NAME	PETER ALFIERI
33 STREET ADDRESS	2513 W VIOLET ST
34 CITY - ST - ZIP	TAMPA FL 33614
41 TITLE	TREASURER / D
42 NAME	RICHARD SCOTT AGSTER
43 STREET ADDRESS	417 W. DAVIS BLVD.
44 CITY - ST - ZIP	TAMPA FL 33606-3649
51 TITLE	SECRETARY / D
52 NAME	ORVILLE ROBERT LUSE
53 STREET ADDRESS	3617 W LEILA AVE
54 CITY - ST - ZIP	TAMPA FL 33611-4201
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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]*

PRINTED AND TYPED NAME OF REGISTERED OFFICER OR DIRECTOR

L.V. White

2-28-95 (813)  
876-9179  
LW 3-20-95