

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **C10306 (4)**

1. Corporation Name

**COMPOSITE LODGE NO. 293 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 **03/22/1995**

21. Principal Place of Business *Roy Connor Sheppard* 22a. Mailing Address *Roy Connor Sheppard*

4. FEI Number **23-7107162** Applied For Not Applicable

22. Suit/Apt. #, etc. 27. Suit/Apt. #, etc.

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

23. City & State 28. City & State

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

24. Zip 25. Country 29. Zip 30. Country

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

**SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE FL 32202**

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 I accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Roy Connor Sheppard*

DATE *2/16/96*

12. OFFICERS AND DIRECTORS

13. ADDITIONS ~~CHANGES~~ TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>JESTER, WESLEY M JR</b>	
STREET ADDRESS	<b>451 BONIFAY AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32825-8008</b>	
TITLE	<b>SWD</b>	<input type="checkbox"/> DELETE
NAME	<b>WETHERELL, HENRY T SR</b>	
STREET ADDRESS	<b>P.O. BOX 540682 N/A</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32854-0682</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> DELETE
NAME	<b>SUTTON, HENRY M JR</b>	
STREET ADDRESS	<b>2511 AMHERST AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32804-5071</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMSON, JESSE L</b>	
STREET ADDRESS	<b>4401 LORING PL</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32812-1964</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DOW, GEORGE M</b>	
STREET ADDRESS	<b>5270 LIMA PL</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32807-1625</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>WORSHIPFUL MASTER (D)</b>
1.2 NAME	<b>HENRY THORNDIKE WETHERELL SR</b>
1.3 STREET ADDRESS	<b>PO BOX 540682 N/A</b>
1.4 CITY-ST-ZIP	<b>ORLANDO FL 32854-0682</b>
2.1 TITLE	<b>SENIOR WARDEN (D)</b>
2.2 NAME	<b>HENRY M SUTTON JR</b>
2.3 STREET ADDRESS	<b>2511 AMHERST AVE.</b>
2.4 CITY-ST-ZIP	<b>ORLANDO FL 32804-5071</b>
3.1 TITLE	<b>JUNIOR WARDEN (D)</b>
3.2 NAME	<b>LLOYD CHARLES DAVIS</b>
3.3 STREET ADDRESS	<b>500 W HAZEL ST</b>
3.4 CITY-ST-ZIP	<b>ORLANDO FL 32804</b>
4.1 TITLE	<b>TREASURER (D)</b>
4.2 NAME	<b>JESSE LEE WILLIAMSON</b>
4.3 STREET ADDRESS	<b>4401 LORING PL</b>
4.4 CITY-ST-ZIP	<b>ORLANDO FL 32812-1964</b>
5.1 TITLE	<b>SECRETARY (D)</b>
5.2 NAME	<b>GEORGE MAURICE DOW</b>
5.3 STREET ADDRESS	<b>5270 LIMA PL</b>
5.4 CITY-ST-ZIP	<b>ORLANDO FL 32807-1625</b>
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: *Henry T. Wetherell Sr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *3/4/96* DAYTIME PHONE # *407-295-3929*

CR2E037 (12/95)