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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10306** (4)

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



Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 23-7107162	Applied For <input type="checkbox"/> Not Applicable
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent
**SHEPPARD, ROY CONNOR
220 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) 300002456109
83	-04713798--01018--026 ***5083.75
84 City	85 Zip Code FL

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: *[Signature]* DATE: **2/13/98**

12. OFFICERS AND DIRECTORS

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

13. WORSHIPFUL MASTER (D) CHANGE ADDITION

1.1 TITR **Lloyd Charles Davis**

1.2 NAI **500 W Hazel St**

1.3 STF **Orlando Fl 32804**

1.4 CIT **SECRETARY (D)** CHANGE ADDITION

2.1 TITR **George Maurice Dow**

2.2 NAI **5270 Lima Pl**

2.3 STF **Orlando Fl 32807-1625**

2.4 CIT **SENIOR WARDEN (D)** CHANGE ADDITION

3.1 TITR **Gary Allen Johnson**

3.2 NAI **2708 Coral Reef Dr.**

3.3 STF **Orlando FL 32826-3695**

3.4 CIT **JUNIOR WARDEN (D)** CHANGE ADDITION

4.1 TITR **John J O'Brien**

4.2 NAI **1704 Lake Lorine Dr**

4.3 STF **Orlando FL 32808-6170**

4.4 CIT **TREASURER (D)** CHANGE ADDITION

5.1 TITR **Jesse Lee Williamson**

5.2 NAI **4401 Loring Pl**

5.3 STF **Orlando Fl 32812-1964**

5.4 CIT

6.1 TI

6.2 N

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PE 4.10

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.

SIGNATURE: *George M. Dow* DATE: **3/2/98** **407-299-5000**

CR2E037 (10/97)