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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # C10306

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/30/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
23-7107162

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

N/A

N/A

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 WMD
NAME DAVIS, LLOYD CHARLES
STREET ADDRESS 500 W HAZEL ST
CITY-ST-ZIP ORLANDO FL 32804

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

WORSHIPFUL MASTER (D) Change Addition
Gary Allen Johnson
2708 Coral Reef Dr.
Orlando FL 32826-3695

TITLE SWD
NAME JOHNSON, GARY ALLEN
STREET ADDRESS 2708 CORAL REEF DR
CITY-ST-ZIP ORLANDO FL 32826-3695

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

SENIOR WARDEN (D) Change Addition
John J O'Brien
1704 Lake Lorine Dr
Orlando FL 32808-6170

TITLE JWD
NAME O'BRIEN, JOHN J
STREET ADDRESS 1704 LAKE LORINE DR
CITY-ST-ZIP ORLANDO FL 32808-6170

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

JUNIOR WARDEN (D) Change Addition
Steven Leroy Allen
802 Rowemist Ct
Ocoee FL 34761-3412

TITLE TD
NAME WILLIAMSON, JESSE LEE
STREET ADDRESS 4401 LORING PL
CITY-ST-ZIP ORLANDO FL 32812-1964

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME DOW, GEORGE MAURICE
STREET ADDRESS 5270 LIMA PL
CITY-ST-ZIP ORLANDO FL 32807-1625

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

407-299-5000

Date

Daytime Phone #

CR2E037 (1/198)