

# 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 # C10309 (8)**

1. Corporation Name

**ALACHUA LODGE NO. 26 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  
**01/13/1857**

3a. Date of Last Report  
**03/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Roy Connor SHEPPARD**

26 **Roy Connor SHEPPARD**

4. FEI Number

**59-6159289**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing

☐

**\$5.00 May Be Added to Fees**

23

28

Trust Fund Contribution

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.1503, Florida Statutes.

SIGNATURE

*[Signature]*

(NOTE: Registered Agent signature required when reappointing)

**2/16/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **WMD  
POLK, WENDEL E**  
STREET ADDRESS **RT 1 BOX 124A**  
CITY-ST-ZIP **ALACHUA FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **S  
DUKE, FRED C**  
STREET ADDRESS **P.O. BOX 177 N/A**  
CITY-ST-ZIP **ALACHUA FL**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **SWD  
BREEDEN, JOE**  
STREET ADDRESS **3403 N.W. 158TH AVE.**  
CITY-ST-ZIP **GAINESVILLE FL 32609-4067**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **JWD  
KOON, JACK P**  
STREET ADDRESS **RR 4 BOX 402**  
CITY-ST-ZIP **ALACHUA FL 32615-9780**

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **T  
COPELAND, JOHNNY F**  
STREET ADDRESS **RT 1 BOX 125**  
CITY-ST-ZIP **ALACHUA FL**

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **S/D  
DUKE, FRED C**  
STREET ADDRESS **P.O. BOX 177 N/A**  
CITY-ST-ZIP **ALACHUA FL 32615**

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**WORSHIPFUL MASTER (D)  
JOE BREEDEN  
3403 N.W. 158TH AVE.  
GAINESVILLE FL 32609-4067**

**SENIOR WARDEN (D)  
HOMER DEIHL BURNETT  
RT 2 BOX 28  
ALACHUA FL 32615**

**JUNIOR WARDEN (D)  
FRED C DUKE  
10015 WEST SR 235  
ALACHUA FL 32615**

**TREASURER (D)  
JOHNNY FRANKLIN COPELAND  
19201 NW CR 235-A  
ALACHUA FL 32615-9730**

**SECRETARY (D)  
WENDEL EUGENE POLK  
RT. 1 BOX 124A  
ALACHUA FL 32615-9339**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption under Section 617.1503, 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: X

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-96**

Date

**904-354-2339**

Daytime Phone #

CH203/ (12/95)