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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
USC/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218
US

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/13/18573a. Date of Last Report
03/22/1996

4. FEI Number

59-6159289

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ NoSHEPPARD, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	POLK, WENDEL E	
STREET ADDRESS	RT 1 BOX 124A	
CITY-ST-ZIP	ALACHUA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DUKE, FRED C	
STREET ADDRESS	P.O. BOX 177 N/A	
CITY-ST-ZIP	ALACHUA FL	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	BREEDEN, JOE	
STREET ADDRESS	3403 N.W. 158TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL 32609-4067	
TITLE	JWD	<input type="checkbox"/> DELETE
NAME	KOON, JACK P	
STREET ADDRESS	RR 4 BOX 402	
CITY-ST-ZIP	ALACHUA FL 32615-9780	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COPELAND, JOHNNY F	
STREET ADDRESS	RT 1 BOX 125	
CITY-ST-ZIP	ALACHUA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	POLK, WENDEL EUGENE	
STREET ADDRESS	RT 1 BOX 124A	
CITY-ST-ZIP	ALACHUA FL	

1.1 TITLE	WORSHIPPFUL MASTER D
1.2 NAME	Homer Daihl Burnett
1.3 STREET ADDRESS	Rt 2 Box 28
1.4 CITY-ST-ZIP	Alachua FL 32615
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	David O Nieland
2.3 STREET ADDRESS	P.O. Box 214 N/A
2.4 CITY-ST-ZIP	Alachua FL 32615-0214
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	Thomas Cole Spencer
3.3 STREET ADDRESS	Po Box 519 N/A
3.4 CITY-ST-ZIP	Alachua FL 32615-0519
4.1 TITLE	TREASURER D
4.2 NAME	Johnny Franklin Copeland
4.3 STREET ADDRESS	19201 NW CR 235-A
4.4 CITY-ST-ZIP	Alachua FL 32615-9730
5.1 TITLE	SECRETARY D
5.2 NAME	Wendel Eugene Polk
5.3 STREET ADDRESS	Rt. 1 Box 124A
5.4 CITY-ST-ZIP	Alachua FL 32615-9339
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 904-354-2339

CH22037 (9/96)