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Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10319** (7)

1. Corporation Name

ENSLEY LODGE NO. 278 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218



3. Date Incorporated or Qualified **06/30/1992** 3a. Date of Last Report **04/02/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number **23-7526504**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

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 ST
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]

(NOTE: Registered Agent signature required when reinstating)

2-3-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **WMD** ☐ DELETE
 NAME **KEENAN, HERMAN K**
 STREET ADDRESS **5585 BRADLEY ST.**
 CITY-ST-ZIP **PENSACOLA FL 32528-9435**

1.1 TITLE **WORSHIPFUL MASTER D**
 1.2 NAME **George Paul Roese Jr**
 1.3 STREET ADDRESS **3263 Vinewood Lane**
 1.4 CITY-ST-ZIP **Pace FL 32571-9543**

TITLE **SWD** ☐ DELETE
 NAME **ROESE, GEORGE P JR.**
 STREET ADDRESS **3263 VINEWOOD LANE**
 CITY-ST-ZIP **PACE FL 32571-9543**

2.1 TITLE **SENIOR WARDEN D**
 2.2 NAME **George William Bradshaw**
 2.3 STREET ADDRESS **8562 Belle Meadow Blvd**
 2.4 CITY-ST-ZIP **Pensacola FL 32514-5967**

TITLE **JWD** ☐ DELETE
 NAME **BRADSHAW, GEORGE W**
 STREET ADDRESS **8562 BELLE MEADOW BLVD**
 CITY-ST-ZIP **PENSACOLA FL 32514-5967**

3.1 TITLE **JUNIOR WARDEN D**
 3.2 NAME **Richard Ray Opie**
 3.3 STREET ADDRESS **154 Perden Rd.**
 3.4 CITY-ST-ZIP **Milton FL 32571**

TITLE **TD** ☐ DELETE
 NAME **STUCKEY, DONALD H**
 STREET ADDRESS **103 AIRPORT BLVD.**
 CITY-ST-ZIP **PENSACOLA FL 32503-7625**

4.1 TITLE **TREASURER D**
 4.2 NAME **Donald Hayward Stuckey**
 4.3 STREET ADDRESS **103 Airport Blvd**
 4.4 CITY-ST-ZIP **Pensacola FL 32503-7625**

TITLE **SD** ☐ DELETE
 NAME **HOWELL, O. Z**
 STREET ADDRESS **209 BAKER ST**
 CITY-ST-ZIP **PENSACOLA FL 32514-3417**

5.1 TITLE **SECRETARY D**
 5.2 NAME **O. Z Howell**
 5.3 STREET ADDRESS **209 Barker St**
 5.4 CITY-ST-ZIP **Pensacola FL 32514-3417**

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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] **GEORGE PAUL ROESE, JR., FEB. 18 1997, (and) 994-7973**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 994-7973

CR2E037 (9/96)