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1998 MAR 25 PM 12: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		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 ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202
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3. Date Incorporated or Qualified 06/30/1992	
4. FEI Number 23-7526504	Applied For <input type="checkbox"/> Not Applicable

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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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

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 600002469596 -03/26/98--01084--001
84 City ***S083.75 FL 03/26/98

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 reinstalling)

DATE **2/13/98**

12. OFFICERS AND DIRECTORS	
TITLE	WMD
NAME	KEENAN, HERMAN K
STREET ADDRESS	5585 BRADLEY ST.
CITY-ST-ZIP	PENSACOLA FL 32526-9435
TITLE	SWD
NAME	ROESE, GEORGE P JR.
STREET ADDRESS	3263 VINEWOOD LANE
CITY-ST-ZIP	PACE FL 32571-9543
TITLE	JWD
NAME	BRADSHAW, GEORGE W
STREET ADDRESS	8562 BELLE MEADOW BLVD
CITY-ST-ZIP	PENSACOLA FL 32514-5967
TITLE	TD
NAME	STUCKEY, DONALD H
STREET ADDRESS	103 AIRPORT BLVD.
CITY-ST-ZIP	PENSACOLA FL 32503-7625
TITLE	SD
NAME	HOWELL, O. Z
STREET ADDRESS	209 BAKER ST
CITY-ST-ZIP	PENSACOLA FL 32514-3417
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. AND DIRECTORS IN 12	
1.1 TITLE	WORSHIPFUL MASTER (D)
1.2 NAME	George William Bradshaw
1.3 STREET	8562 Belle Meadow Blvd
1.4 CITY	Pensacola FL 32514
2.1 TITLE	SECRETARY (D)
2.2 NAME	O. Z Howell
2.3 STREET	PO Box 7007 N/A
2.4 CITY	Pensacola FL 32534
3.1 TITLE	SENIOR WARDEN (D)
3.2 NAME	Jerry Ralph Howell
3.3 STREET	211 Barker St
3.4 CITY	Pensacola FL 32514
4.1 TITLE	JUNIOR WARDEN (D)
4.2 NAME	Joel Kent Fairbanks
4.3 STREET	12697 Tacumseh Trail
4.4 CITY	Pensacola FL 32514
5.1 TITLE	TREASURER (D)
5.2 NAME	Donald Hayward Stuckey
5.3 STREET	103 Airport Blvd
5.4 CITY	Pensacola FL 32503
6.1 TITLE	
6.2 NAME	
6.3 STREET	
6.4 CITY-ST-ZIP	

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:  **O. Z. Howell** 2-23-98 850-476-2059

CR2E037 (10/97)