

FILE NOW: FILING FEE IS \$61.25

FILED

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 # C10332 (0)

1. Corporation Name

FERRY PASS LODGE NO. 348 FREE AND ACCEPTED MASON
S OF FLORIDA

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
USROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202-3218
US3. Date Incorporated or Qualified
06/30/19923a. Date of Last Report
03/08/1996

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

4. FEI Number
23-7526561Applied For
Not Applicable5. 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 ☐ No

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

Signature of registered agent 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 MD ☐ DELETE
NAME HORTON, FLOYD
STREET ADDRESS 5975 BORN DR
CITY- ST- ZIP PENSACOLA FLTITLE SD ☐ DELETE
NAME RENFROE, WILLIAM L.
STREET ADDRESS 221 BEACON RD
CITY- ST- ZIP PENSACOLA FLTITLE D ☐ DELETE
NAME POWELL, EARL A.
STREET ADDRESS 106 CAMDEN RD
CITY- ST- ZIP PENSACOLA FLTITLE TD ☐ DELETE
NAME WATSON, ROSCOE JR
STREET ADDRESS 1819 JOHN CARROLL DR
CITY- ST- ZIP PENSACOLA FLTITLE SD ☐ DELETE
NAME PEREZ, CHARLES
STREET ADDRESS 7649 NORTHPOINTE DR
CITY- ST- ZIP PENSACOLA FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP1.1 TITLE WORSHIPFUL MASTER D
1.2 NAME William Lloyd Renfro
1.3 STREET ADDRESS 221 Beacon Rd
1.4 CITY- ST- ZIP Pensacola FL 32503
2.1 TITLE SENIOR WARDEN D
2.2 NAME Earl Allen Powell
2.3 STREET ADDRESS 106 Camden Rd
2.4 CITY- ST- ZIP Pensacola FL 32534
3.1 TITLE JUNIOR WARDEN D
3.2 NAME Malcolm Spencer McCoy
3.3 STREET ADDRESS 7641 Randwick Rd
3.4 CITY- ST- ZIP Pensacola FL 32514
4.1 TITLE TREASURER D
4.2 NAME Roscoe Watson Jr
4.3 STREET ADDRESS 1819 John Carroll Dr
4.4 CITY- ST- ZIP Pensacola FL 32504-8112
5.1 TITLE SECRETARY D
5.2 NAME Charles Perez
5.3 STREET ADDRESS 7649 Northpointe Dr
5.4 CITY- ST- ZIP Pensacola FL 32514-6642
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: Charles Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-97

(904) 479 3676

Date

Daytime Phone 0004338

CR2E037 (9/96)