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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA 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  
US

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220 OCEAN ST  
JACKSONVILLE FL 32202  
US

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7526561

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

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 100002469511-5

84 City

-03/26/98-01084-001

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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, printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MD  
NAME HORTON, FLOYD  
STREET ADDRESS 5975 BORN DR  
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE WORSHIPFUL MASTER (D) X  
1.2 NAME Earl Allen Powell  
1.3 STREET ADDRESS 106 Camden Rd  
1.4 CITY-ST-ZIP Pensacola FL 32534

TITLE SD  
NAME RENFROE, WILLIAM L.  
STREET ADDRESS 221 BEACON RD  
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE SECRETARY (D) X  
2.2 NAME Charles Perez  
2.3 STREET ADDRESS 7649 Northpointe Dr  
2.4 CITY-ST-ZIP Pensacola FL 32514

TITLE D  
NAME POWELL, EARL A.  
STREET ADDRESS 106 CAMDEN RD  
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE SENIOR WARDEN (D) X  
3.2 NAME Malcolm Spencer McCoy  
3.3 STREET ADDRESS 7641 Randwick Rd  
3.4 CITY-ST-ZIP Pensacola FL 32514

TITLE TD  
NAME WATSON, ROSCOE JR  
STREET ADDRESS 1819 JOHN CARROLL DR  
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE JUNIOR WARDEN (D) X  
4.2 NAME James Thomas Chastain III  
4.3 STREET ADDRESS 10320 Edendale Road  
4.4 CITY-ST-ZIP Pensacola FL 32533

TITLE SD  
NAME PEREZ, CHARLES  
STREET ADDRESS 7649 NORTHPOINTE DR  
CITY-ST-ZIP PENSACOLA FL

5.1 TITLE TREASURER (D) X  
5.2 NAME Roscoe Watson Jr  
5.3 STREET ADDRESS 1819 John Carroll Dr  
5.4 CITY-ST-ZIP Pensacola FL 32504

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

Charles Perez

Charles Perez

03-25-98 354-2339

CP2E037 (10/97)