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Jun 09 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 # C10335
1. Corporation Name

CARY B. FISH LODGE NO. 346 FREE AND
ACCEPTED MASONS OF FLORIDA

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202
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3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 03/31/1996
4. FEI Number 23-7136822	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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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9. Name and Address of Current Registered Agent
**ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **500002190395
-05/23/97--01123--005**
84 City *****306.25 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]* DATE **4/15/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER
1.2 NAME	Tony William Fernandez
1.3 STREET ADDRESS	4445 Longmeadow
1.4 CITY-ST-ZIP	Sarasota FL 34235-5675
2.1 TITLE	SENIOR WARDEN
2.2 NAME	George Rada Dakkak
2.3 STREET ADDRESS	4421 Diamond Circle West
2.4 CITY-ST-ZIP	Sarasota FL 34233
3.1 TITLE	JUNIOR WARDEN
3.2 NAME	Louis P Marchetti
3.3 STREET ADDRESS	9397 Midnight Pass Rd
3.4 CITY-ST-ZIP	Sarasota FL 34242
4.1 TITLE	TREASURER
4.2 NAME	Robert Charles Goldstein
4.3 STREET ADDRESS	2050 12th Street
4.4 CITY-ST-ZIP	Sarasota FL 34237
5.1 TITLE	SECRETARY
5.2 NAME	George Paul Prozzo
5.3 STREET ADDRESS	2251 Brookhaven Dr
5.4 CITY-ST-ZIP	Sarasota FL 34239-4324

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]* DATE **4/23/97** 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George P. Prozzo

(56/6) 100324

[Handwritten]
6-9-97