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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10335** (3)

1. Corporation Name

**CARY B. FISH LODGE NO. 346 FREE AND ACCEPTED MAS
ONS OF FLORIDA**

Principal Place of Business

**C/O ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE FL 32202
US**

Mailing Address

**C/O ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE FL 32202
US**

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

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7136822

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D FERNANDEZ, TONY**
STREET ADDRESS **4445 LONGMEADOW**
CITY-ST-ZIP **SARASOTA FL 34235-5675**

TITLE ☐ DELETE

NAME **D DAKKAK, GEORGE**
STREET ADDRESS **4421 DIAMOND CIRCLE WEST**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **D MARCHETTI, LOUIS**
STREET ADDRESS **9397 MIDNIGHT PASS ROAD**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **D ROBERT CHARLES GOLDSTEIN**
STREET ADDRESS **2050 12TH ST**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME **DS PROZZO, GEORGE P**
STREET ADDRESS **2251 BROOKHAVEN DRIVE**
CITY-ST-ZIP **SARASOTA FL 34239-4324**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **WORSHIPFUL MASTER (D) X** ange ☐ Addition

1.2 NAME **George Rada Dakkak**
1.3 STREET ADDRESS **4421 Diamond Circle West**
1.4 CITY-ST-ZIP **Sarasota FL 34233**

2.1 TITLE **SECRETARY (D) X** ange ☐ Addition

2.2 NAME **George Paul Prozzo**
2.3 STREET ADDRESS **2251 Brookhaven Dr**
2.4 CITY-ST-ZIP **Sarasota FL 34239**

3.1 TITLE **SENIOR WARDEN (D) X** Change ☐ Addition

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 **JUNIOR WARDEN (D) X** Change ☐ Addition

4.2 NAME **John Henry Land III**
4.3 STREET ADDRESS **2419 Temple St**
4.4 CITY-ST-ZIP **Sarasota FL 34237**

5.1 TITLE **TREASURER (D) X** Change ☐ Addition

5.2 NAME **Robert Charles Goldstein**
5.3 STREET ADDRESS **2050 12th Street**
5.4 CITY-ST-ZIP **Sarasota FL 34237**

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:

George P. Prozzo

March 98

**941
922-4198**

CR2E037 (10/97)