

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 15, 1999 8:00 am  
Secretary of State

04-15-1999 90112 001 \*4,838.75

DOCUMENT # C10335

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

3. Date Incorporated or Qualified

06/30/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7136822

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

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

N/A

N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME WARDEN, JOHN H  
STREET ADDRESS 2419 TEMPLE ST  
CITY-ST-ZIP SARASOTA FL 34237

1.1 TITLE SENIOR WARDEN (D) ☒ Change ☐ Addition  
1.2 NAME John Henry Land III  
1.3 STREET ADDRESS 2419 Temple St  
1.4 CITY-ST-ZIP Sarasota FL 34237

TITLE D ☒ DELETE  
NAME DAKKAK, GEORGE R  
STREET ADDRESS 4421 DIAMOND CIRCLE WEST  
CITY-ST-ZIP SARASOTA FL 34233

2.1 TITLE JUNIOR WARDEN (D) ☒ Change ☐ Addition  
2.2 NAME Shaheer Constantin Hosh  
2.3 STREET ADDRESS 5715 Forreiter Pine Ct  
2.4 CITY-ST-ZIP Sarasota FL 34243

TITLE ☒ DELETE  
NAME MARCHETTI, LOUIS P  
STREET ADDRESS 9397 MIDNIGHT PASS ROAD  
CITY-ST-ZIP SARASOTA FL 34242

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME ROBERT CHARLES GOLDSTEIN  
STREET ADDRESS 2050 12TH ST  
CITY-ST-ZIP SARASOTA FL 34237

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME PROZZO, GEORGE P  
STREET ADDRESS 2251 BROOKHAVEN DRIVE  
CITY-ST-ZIP SARASOTA FL 34239-4324

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

3/12/99

904-354-2339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)