

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C92000000011 (1)

1. Corporation Name

**LIVE OAK COUNCIL NO. 16, ROYAL AND SELECT MASTER
S**



Principal Place of Business

Mailing Address

**MAYO MASONIC LODGE
US 27 E
MAYO FL 32066
US**

**JAMES S FOSTER
P O BOX 1691
MAYO FL 32066
US**

3. Date Incorporated or Qualified
06/15/1953

3a. Date of Last Report
02/15/1995

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSTER, JAMES S
913 CENTRAL AVE E
STIENHATCHEE FL 32359**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DM	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, TROY JAMES L	
STREET ADDRESS	RT 3 BOX 792	
CITY - ST - ZIP	MAYO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAUSEY, REYNOLD	
STREET ADDRESS	P O BOX 43 N/A	
CITY - ST - ZIP	DAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WARE, RANDY	
STREET ADDRESS	RT 1 BOX 648	
CITY - ST - ZIP	BRANFORD FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MOCK, DONALD	
STREET ADDRESS	103 EL MATADOR	
CITY - ST - ZIP	PERRY FL	
TITLE	R	<input type="checkbox"/> DELETE
NAME	FOSTER, JAMES S	
STREET ADDRESS	913 CENTRAL AVE E	
CITY - ST - ZIP	STEINHATCHEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	DM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANDERS, CHARLES	
1.3 STREET ADDRESS	RT 1 BOX 736 N/A	
1.4 CITY - ST - ZIP	PERRY, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WILLIAMS, CARL	
2.3 STREET ADDRESS	RR 4 BOX 146 N/A	
2.4 CITY - ST - ZIP	PERRY, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOCK, DONALD	
3.3 STREET ADDRESS	RT 1 BOX 103 EL MATADOR CR	
3.4 CITY - ST - ZIP	PERRY, FL	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THOMPSON, TROY JAMES L.	
4.3 STREET ADDRESS	RT 3 BOX 792 N/A	
4.4 CITY - ST - ZIP	MAYO, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Foster
JAMES S FOSTER

2/11/96
Date

352-48-2317
Daytime Phone #

CR2E037 (12/95)