

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PH 2:32

DOCUMENT # N94000001102

1. Corporation Name

FORT KING DAYLIGHT LODGE NO. 389, INC.
FREE AND ACCEPTED MASONS OF FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600001484076

05/11/95-01048-006

***\$910.00 ***\$130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

c/o Roy Connor Sheppard
220 Ocean Street
Jacksonville, FL 32202

220 Ocean St.
Jacksonville, FL
32202

3. Date Incorporated or Qualified
2/17/94

3a. Date of Last Report
02/17/94

4. FEI Number

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William D. Wolf
GRAND LODGE of Florida
220 Ocean St.
Jacksonville, FL 32202

81 ROY CONNOR SHEPPARD, P.G.M.
82 GRAND SECRETARY
83 GRAND LODGE OF FLORIDA
84 P.O. BOX 1020 - 220 Ocean St.
JACKSONVILLE FL 32201-1020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title) (Applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Worshipful Master
Edward J. Watts/D
P. O. Box 1406
Dunnellon, FL 34430-1406

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

J. Alexander Schwem
3901 S.W. 7th Ave.
Ocala, FL 34474-6003
Senior Warden/D

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Junior Warden/D
Carl Buckingham, SR.
4340 S.E. 57th Lane
Ocala, FL 34480-8614

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Treasurer/D
James Ray
14690 N.E. 86th Lane
Silver Springs, FL 34488

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Secretary/D
Mark L. Grant, Jr
P. O. Box 2661
Ocala, FL 34478-2661

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/95

904-873-4773

MARK L. GRANT JR. Secy Pro Tem