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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N94000001102 (2)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202	C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified: 02/17/1994
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3145053 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHEPPARD, ROY C
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
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: Roy C Sheppard — 2-3-97
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	1.1 TITLE	WORSHIPFUL MASTER D
NAME	GRABINSKY, ROBERT A		1.2 NAME	Robert Grabinsky
STREET ADDRESS	12123 SE 96 TERR		1.3 STREET ADDRESS	4171 N Mae West Way
CITY-ST-ZIP	BELLEVIEW FL 34420-5442		1.4 CITY-ST-ZIP	Beverly Hills FL 34465
TITLE	D	☐ DELETE	2.1 TITLE	SENIOR WARDEN D
NAME	SCHWEM, J. ALEXANDER		2.2 NAME	Charles Russell Krumenacker
STREET ADDRESS	3901 S.W. 7TH AVE.		2.3 STREET ADDRESS	8880 SW 27Th Ave A-68
CITY-ST-ZIP	OCALA FL 34474-6003		2.4 CITY-ST-ZIP	Ocala Fl 34476-6745
TITLE	D	☐ DELETE	3.1 TITLE	JUNIOR WARDEN D
NAME	KRUMENACKER, CHARLES R		3.2 NAME	George Leroy Sinclair
STREET ADDRESS	8880 SW 27 AVE A-68		3.3 STREET ADDRESS	205 N.E. 53rd St
CITY-ST-ZIP	OCALA FL 34476-6745		3.4 CITY-ST-ZIP	Ocala FL 34479
TITLE	TD	☐ DELETE	4.1 TITLE	TREASURER D
NAME	MAHLER, LOUIS R		4.2 NAME	Donald Robert Lippincott
STREET ADDRESS	5 PINE CT DR		4.3 STREET ADDRESS	4955 S.E. 148Th Pl.
CITY-ST-ZIP	OCALA FL 34472-8604		4.4 CITY-ST-ZIP	Summerfield Fl 34491-4059
TITLE	SD	☐ DELETE	5.1 TITLE	SECRETARY D
NAME	GRANT, MARK L JR		5.2 NAME	Mark Lebaron Grant Jr
STREET ADDRESS	5400 SW 83 PL		5.3 STREET ADDRESS	5400 SW 83rd Pl
CITY-ST-ZIP	OCALA FL 34476-3755		5.4 CITY-ST-ZIP	Ocala FL 34476-3755
TITLE		☐ DELETE	6.1 TITLE	
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E031 (9/96)

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: Robert Grabinsky — Robert Grabinsky — 2-20-97 — 352-527-9880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone