

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 07, 1999 8:00 am
Secretary of State

04-07-1999 90055 009 ****61.25

DOCUMENT # N94000002536

1. Corporation Name

THE MASONIC CHARITIES OF FLORIDA, INC.

Principal Place of Business

220 OCEAN ST
JACKSONVILLE FL 32202
US

Mailing Address

220 OCEAN STREET
JACKSONVILLE FL 32202



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/16/1994

4. FEI Number

59-3271856

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

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GD
DEAN, KEITH W
STREET ADDRESS 2908 LAUREL STREET W
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME D
KING, LOUIS A
STREET ADDRESS PO BOX 8 N/A
CITY-ST-ZIP TRILBY FL 33593-0008

TITLE ☒ DELETE

NAME DGMD
COWAN, SAMUEL E. III
STREET ADDRESS 5825 BUCKLEY COURT
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME SD
COUTURE, JACQUE A.
STREET ADDRESS 6318 ANDREA BLVD
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME TD
CROWTHER, ROY J.
STREET ADDRESS 1715 CHALLEN AVENUE
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME SD
SHEPPARD, ROY CONNOR
STREET ADDRESS 220 OCEAN ST
CITY-ST-ZIP JACKSONVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Phillips, II, Glenn W. (D)
P.O. Box 1318 N/A
Umatilla, FL 32784-1318

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-99

904-354-2339

Date

Daytime Phone #

CR2E037_ (11/98)