FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # C10060 (7)

1. Corporation Name

MOUNT EWELL LODGE NO. 131 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202	C/O WILLIAM G WOLF 220 OCEAN ST. JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 05/18/1994
4. FEI Number: 59-1390422 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G
220 OCEAN ST
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name
82 Street
83
84 City

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

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 _____ DATE
Signature of or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WM	11 TITLE	WORSHIPFUL MASTER/D
NAME	JAMES E. BROWN	12 NAME	JOHN HARTWELL PARKER
STREET ADDRESS	1262 SEXTON DR.	13 STREET ADDRESS	P. O. BOX 249 N/A
CITY-ST-ZIP	BAKER FL 32531	14 CITY-ST-ZIP	HOLT FL 32564-0249
TITLE	S	21 TITLE	SENIOR WARDEN/D
NAME	WILLIAM D. HART	22 NAME	LARRY M CUNNINGHAM
STREET ADDRESS	8245 THAMES RD.	23 STREET ADDRESS	7558 BARROW ROAD
CITY-ST-ZIP	BAKER FL 32531-9801	24 CITY-ST-ZIP	BAKER FL 32531
TITLE	SW	31 TITLE	JUNIOR WARDEN/D
NAME	JOHN H. PARKER	32 NAME	WALTER KIETH HILTON
STREET ADDRESS	P.O. BOX 249 N/A	33 STREET ADDRESS	RT. 2 BOX 391
CITY-ST-ZIP	HOLT FL 32564-0249	34 CITY-ST-ZIP	BAKER FL 32531-9642
TITLE	JW	41 TITLE	TREASURER/D
NAME	LARRY M. CUNNINGHAM	42 NAME	MARION E THAMES
STREET ADDRESS	RR 1 N/A	43 STREET ADDRESS	8351 THAMES ROAD
CITY-ST-ZIP	BAKER FL 32531-9801	44 CITY-ST-ZIP	BAKER FL 32531
TITLE	T	51 TITLE	SECRETARY/D
NAME	MARION E. THAMES,	52 NAME	WILLIAM DEAN HART
STREET ADDRESS	8351 THAMES RD.	53 STREET ADDRESS	8245 THAMES RD
CITY-ST-ZIP	BAKER FL 32531	54 CITY-ST-ZIP	BAKER FL 32531-9801
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/1/95 NSF

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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: John H. Parker 2-27-95 (904) 537-4997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001092