FILE NOW: FILING FEE IS \$61.25

CARYVILLE FL

Apr 17 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS (5) DOCUMENT # C10141 VERNON LODGE NO. 164 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD 3. Date Incorporated or Qualified 220 OCEAN ST 220 OCEAN ST 06/30/1992 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 4. FEI Number Applied For 23-7526436 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be Added to Fees 22 27 Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. Yes Yes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SHEPPARD, ROY CONNOR 62 Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET 83 JACKSONVILLE FL 32202 84 City 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 annual capital statement of the purpose of changing its registered office or registered agent. I am familiar with annual capital statement for the purpose of changing its registered office or registered agent. I am familiar with annual capital statement for the purpose of changing its registered office or registered agent. I am familiar with annual capital statement for the purpose of changing its registered office or registered agent. I am familiar with annual capital statement for the purpose of changing its registered office or registered agent. I am familiar with annual capital statement for the purpose of changing its registered office or registered agent. I am familiar with annual capital statement for the purpose of changing its registered of capital statement for the purpose of changing its registered of capital statement for the purpose of changing its registered of capital statement for the purpose of changing its registered of capital statement for the purpose of capital statement for the purpose of changing its registered of capital statement for the purpose of capital statement for SIGNATURE OFFICERS AND DIRECTORS WORSHIPFUL MASTER (D) FICERS AND DIRECTORS IN 12 13 DELETE Change Addition John Paúl Cook Jr TITLE PORTER, LEWIS DARRELL P D **8**/6× 278 NAME 2642-A RIVER ROAD STREET ADDRESS Vernon FL 32462 **VERNON FL** CITY-ST-ZIP (D) SECRETARY DELETE Change Addition TITLE Raymond Ora/1 Koepp NAME COOK, JR JOHN PAUL 4963 Burnes Lake Rd PO BOX 278 N/A STREET ADDRESS Coryville F1 32427 **VERNON FL** CITY-ST-ZIP SENIOR WARDEN Change DELETE Addition TITLE James Sterling Howell HOWELL, JAMES STERLING NAME 3991 Dorch Gircle 3991 DORCH CIRCLE STREET ADDRESS Vernon FL 32462 VERNON FL CITY-ST-ZIP Change Addition DELETE TITLE JUNIOR WARDEN (D) ANDERSON, HORACE DUNCAN Archie Millard Cook Jr NAME 4752 SMITH RD 2938 Tanner Road STREET ADDRESS VERNON FL CITY-ST-ZIP Chipley F1 32428 Addition DELETE TITLE (D) KOEPP, RAYMOND ORAL TREASURER NAME Cook Sr John Paul 4963 BURNES LAKE RD STREET ADDRESS Po Box 95 CARYVILLE FL CITY-ST-ZIP 32462-0075 DELETE Vernon Fl ☐ Change ☐ Addition TITLE 6.1 KOEPP, RAYMOND DRAL 6.2 NAME **4963 BURNES LAKE ROAD 6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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.

FILED