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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **C10143** **(1)**

1. Corporation Name

DIXIE LODGE NO. 109, FREE AND ACCEPTED MASONS OF FLORIDA

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

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 03/22/1996

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: 59-1652886 — 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 CONNOR
220 OCEAN ST
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 of typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE 2-3-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WMD	☐ DELETE	1.1 TITLE	WORSHIPFUL MASTER D
NAME	PLAZARIN, WILLIAM S		1.2 NAME	Stephen Lamar Ford
STREET ADDRESS	PO BOX 303 N/A		1.3 STREET ADDRESS	Rt. 1 Box 144 H
CITY-ST-ZIP	ALTHA FL 32421		1.4 CITY-ST-ZIP	Bristol FL 32312-9801
TITLE	SD	☐ DELETE	2.1 TITLE	SENIOR WARDEN D
NAME	BARKER, CARL E		2.2 NAME	Jeffery Scott Morris
STREET ADDRESS	P.O. BOX 658 N/A		2.3 STREET ADDRESS	P. O. Box 693 N/A
CITY-ST-ZIP	BLOUNTSTOWN FL 32424		2.4 CITY-ST-ZIP	Bristol FL 32321
TITLE	SWD	☐ DELETE	3.1 TITLE	JUNIOR WARDEN D
NAME	BARAMLETT, LESTER B		3.2 NAME	Gregory Allen Mayo
STREET ADDRESS	PO BOX 56 N/A		3.3 STREET ADDRESS	P O Box 66 N/A
CITY-ST-ZIP	BRISTOL FL		3.4 CITY-ST-ZIP	Clarksville FL 32430
TITLE	T	☐ DELETE	4.1 TITLE	TREASURER D
NAME	MAYO, JAMES C		4.2 NAME	James Clifford Mayo
STREET ADDRESS	PO BOX 66 N/A		4.3 STREET ADDRESS	Po Box 66 N/A
CITY-ST-ZIP	CLARKSVILLE FL		4.4 CITY-ST-ZIP	Clarksville Fl 32430-0066
TITLE	TD	☐ DELETE	5.1 TITLE	SECRETARY D
NAME	MAYO, JAMES CLIFFORD		5.2 NAME	Charles Gordon Sherrod
STREET ADDRESS	P.O. BOX 66 NA		5.3 STREET ADDRESS	Rt 1 Box 456A
CITY-ST-ZIP	CLARKSVILLE FL		5.4 CITY-ST-ZIP	Blountstown Fl 32424
TITLE	SD	☐ DELETE	6.1 TITLE	
NAME	SHERROD, CHARLES GORDON		6.2 NAME	
STREET ADDRESS	RT 1 BOX 456A		6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL		6.4 CITY-ST-ZIP	

CR2E037 (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: Stephen L. Ford — Stephen L. Ford — 3/4/97 — 1-(904)643-2949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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