

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **C10216** (5)

1. Corporation Name

**WALDO LODGE NO. 10 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  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **ROY CONNOR SHEPPARD**

26 **Roy Connor Sheppard**

4. FEI Number  
**23-7526334**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN ST  
JACKSONVILLE FL 32202**

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 registering

DATE

*Roy Connor Sheppard*

**2/16/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>WMD</b>	<input type="checkbox"/> DELETE
NAME	<b>HATCH, CHARLES EDWARD</b>	
STREET ADDRESS	<b>RT. 2 BOX 130-E</b>	
CITY-ST-ZIP	<b>HAWTHORNE FL 32640-9617</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CLEVINGER, ERNERST JR</b>	
STREET ADDRESS	<b>P.O. BOX 722 N/A</b>	
CITY-ST-ZIP	<b>WALDO FL 32694-0722</b>	
TITLE	<b>SWD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSIER, JAMES THADDEUS</b>	
STREET ADDRESS	<b>P.O. BOX 589 N/A</b>	
CITY-ST-ZIP	<b>WALDO FL 32694-0589</b>	
TITLE	<b>JWD</b>	<input type="checkbox"/> DELETE
NAME	<b>HALL, CHARLES F JR</b>	
STREET ADDRESS	<b>P.O. BOX 305 N/A</b>	
CITY-ST-ZIP	<b>WALDO FL 32694-0305</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>THOMAS, JAMES P SR</b>	
STREET ADDRESS	<b>P.O. BOX 13 N/A</b>	
CITY-ST-ZIP	<b>WALDO FL 32694-0013</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**WORSHIPFUL MASTER (D)  
JAMES THADDEUS ROSIER JR  
P. O. BOX 589 N/A  
WALDO FL 32694-0589**

**SENIOR WARDEN (D)  
SLEDGE BENNETT HILEY SR  
4601 NW 28TH TER  
GAINESVILLE FL 32605-1103**

**JUNIOR WARDEN (D)  
HENRY SYKES EAGLE JR  
RT 3 BOX 488  
HAWTHORNE FL 32640**

**TREASURER (D)  
JAMES PERCY THOMAS SR  
PO BOX 13 N/A  
WALDO FL 32694-0013**

**SECRETARY (D)  
EARNEST CLEVINGER JR  
P.O. BOX 722 N/A  
WALDO FL 32694-0722**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 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: *X James T. Rosier Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-96** **352-468-2484**  
Date Daytime Phone #

CH2E037 (12/95)