

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 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 # C10216 (5)

1. Corporation Name
WALDO LODGE NO. 10 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business Mailing Address
C/O ROY CONNOR SHEPPARD
220 OCEAN ST JACKSONVILLE FL 32202 US
C/O ROY CONNOR SHEPPARD
220 OCEAN ST JACKSONVILLE FL 32202-3218 US

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

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 23-7526334 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
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] DATE 2-3-97

12. OFFICERS AND DIRECTORS
TITLE WMD [] DELETE
NAME HATCH, CHARLES EDWARD
STREET ADDRESS RT. 2 BOX 130-E
CITY-ST-ZIP HAWTHORNE FL 32640-9617
TITLE SD [] DELETE
NAME CLEVINGER, ERNERST JR
STREET ADDRESS P.O. BOX 722 N/A
CITY-ST-ZIP WALDO FL 32694-0722
TITLE SWD [] DELETE
NAME ROSIER, JAMES THADDEUS
STREET ADDRESS P.O. BOX 589 N/A
CITY-ST-ZIP WALDO FL 32694-0589
TITLE JWD [] DELETE
NAME HALL, CHARLES F JR
STREET ADDRESS P.O. BOX 305 N/A
CITY-ST-ZIP WALDO FL 32694-0305
TITLE TD [] DELETE
NAME THOMAS, JAMES P SR
STREET ADDRESS P.O. BOX 13 N/A
CITY-ST-ZIP WALDO FL 32694-0013
TITLE SD [] DELETE
NAME CLEVINGER, EARNEST
STREET ADDRESS P.O. BOX 722 NA
CITY-ST-ZIP WALDO FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE WORSHIPFUL MASTER D
1.2 NAME Charles Frederick Hall Jr
1.3 STREET ADDRESS Po Box 305 N/A
1.4 CITY-ST-ZIP Waldo Fl 32694-0305
2.1 TITLE SENIOR WARDEN D
2.2 NAME Henry Sykes Eagle Jr
2.3 STREET ADDRESS Rt 3 Box 488
2.4 CITY-ST-ZIP Hawthorne Fl 32640
3.1 TITLE JUNIOR WARDEN D
3.2 NAME John Leon Hodges Sr
3.3 STREET ADDRESS Rt 3 Box 144
3.4 CITY-ST-ZIP Hawthorne Fl 32640
4.1 TITLE TREASURER D
4.2 NAME James Percy Thomas Sr
4.3 STREET ADDRESS Po Box 13 N/A
4.4 CITY-ST-ZIP Waldo Fl 32694-0013
5.1 TITLE SECRETARY D
5.2 NAME Earnest Clevinger Jr
5.3 STREET ADDRESS P.O. Box 722 N/A
5.4 CITY-ST-ZIP Waldo Fl 32694-0722
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 in an amendment with an address.

SIGNATURE: Charles F. Hall, Jr. DATE 2-12-97 DAYTIME PHONE 352-468-1870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH2E037 (9/96)