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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10216 (5)
1. Corporation Name
WALDO LODGE NO. 10 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US
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3. Date Incorporated or Qualified 06/30/1992	Applied For Not Applicable
4. FEI Number 23-7526334	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
85 Zip Code

FL

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]* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **2/13/98**

12. OFFICERS AND DIRECTORS

TITLE	WMD	<input type="checkbox"/> DELETE
NAME	HATCH, CHARLES EDWARD	
STREET ADDRESS	RT. 2 BOX 130-E	
CITY-ST-ZIP	HAWTHORNE FL 32640-9617	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLEVINGER, ERNERST JR	
STREET ADDRESS	P.O. BOX 722 N/A	
CITY-ST-ZIP	WALDO FL 32694-0722	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	ROSIER, JAMES THADDEUS	
STREET ADDRESS	P.O. BOX 589 N/A	
CITY-ST-ZIP	WALDO FL 32694-0589	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALL, CHARLES F JR	
STREET ADDRESS	P.O. BOX 305 N/A	
CITY-ST-ZIP	WALDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THOMAS, JAMES P SR	
STREET ADDRESS	P.O. BOX 13 N/A	
CITY-ST-ZIP	WALDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLEVINGER, EARNEST J	
STREET ADDRESS	P.O. BOX 722 NA	
CITY-ST-ZIP	WALDO FL 22	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Henry Sykes Eagle Jr	
1.3 STREET ADDRESS	Rt 3 Box 48B	
1.4 CITY-ST-ZIP	Hawthorne Fl 32640	
2.1 TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Earnest Clevinger Jr	
2.3 STREET ADDRESS	PO Box 722 N/A	
2.4 CITY-ST-ZIP	Waldo Fl 32694-0722	
3.1 TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Leon Hodges Sr	
3.3 STREET ADDRESS	PO Box 1716 N/A	
3.4 CITY-ST-ZIP	Hawthorne Fl 32640-1716	
4.1 TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rander Lee Hudson	
4.3 STREET ADDRESS	PO Box 205 N/A	
4.4 CITY-ST-ZIP	Waldo FL 32694-0205	
5.1 TITLE	TREASURER (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	James Percy Thomas Sr	
5.3 STREET ADDRESS	PO Box 13 N/A	
5.4 CITY-ST-ZIP	Waldo Fl 32694-0013	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, Florida Statutes. I 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: *[Signature]* Henry S. Eagle, Jr. 3/5/98 352-481-4510

CR2E037 (10/97)