FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # C10216

1. Corporation Name

WALDO LODGE NO. 10 FREE AND ACCEPTED MASONS OF F **LORIDA**

C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202

Principal Place of Business

Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST

JACKSONVILLE FL 32202

FILED Apr 15, 1999 8:00 am § Secretary of State

04-15-1999 90112 001 *4,838.75



2. Principal Place of Business 2a, Mailing Address					- 3. Date Incorporated or Qualifed		
26					06/30/1992		
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number Applied For		
27					23-7526334 Not Applicable		
City & State City & State					5. Certificate of Status Desired		
28					rea Kedulled		
Zip	Country	Zip	Countr	у	6. Election Campaign Financing \$5.00 May Be		
24	25	29 30	<u>L</u> _		Trust Fund Contribution Added to Fees		
Name and Address of Current Registered Agent				1 Name	10. Name and Address of New Registered Agent		
· 6.				' Name			
SHEPPARD, ROY CONNOR				82 Street Address (P.O. Box Number is Not Acceptable)			
220 OCEAN ST							
JACKSONVILLE FL 32202 '			8:	"			
	A STATE OF THE STA		84	4 City	85 Zip Code		
			45		description submits this statement for the surross of changing its registered		
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	/\/ / /	<i>H</i>			s required when reinstating) BATE		
12.	Signature, typed or printed name of registered agent of OFFICERS AND		13.	ent signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D OF FICE AND	DELETE VOICE	1.1 TITLE		JUNIOR WARDEN (D) Change Addition		
NAME	EAGLE, HENRY S JR	>	1.2 NAME		Raymond Alfred Dobbs Sr		
STREET ADDRESS	RT 3 BOX 48B			ET ADDRESS			
	HAWTHORNE FL 32640		1.4 CITY-		GAINESVILLE FL 32641		
CITY-ST-ZIP	D	☐ DELETE	2.1 TITLE		ChangeAddition		
~NAME	HODGES, JOHN L SR	_	2.2 NAME		TREASURER (D) X		
STREET ADDRESS	HODGES, SOURCE SIT			ET ADDRESS	3		
CITY-ST-ZIP	, 0 Box 17 10 Nati		2.4 CITY-		_ P O Box 2049 N/A		
TITLE			3.1 TITLE		Keystone Heights FL 32656 90 Addition		
NAME	HUDSON, RENDER L				Negavene na avan		
STREET ADDRESS	TIODSON, RENDEIT E		3.3 STRE	ET ADDRESS	s .		
CITY-ST-ZIP	~ 1 0 DOX 200 N/A		3.4. CITY	-ST-ZIP			
TITLE	D	₩ DELETE	4.1 TITLE		☐ Change ☐ Addition		
NAME	HALL, CHARLES F JR	>	4, 2 NAM	E			
STREET ADDRESS	P.O. BOX 305 N/A		4.3 STRE	ET ADDRESS	s		
CITY-ST-ZIP	WALDO FL		4.4 CITY-				
TITLE	TD	DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME	THOMAS, JAMES P SR		5.2 NAME	Į.			
STREET ADDRESS	P.O. BOX 13 N/A	Little and the said of the	5.3 STRE	ET ADDRESS	s		
CITY-ST-ZIP	WALDO FL 32694-0013	ا د ا ان ا	5.4 CITY-	ST-ZIP			
TITLE	SD	DELETE	6.1 TITLE		Change Addition		
NAME	CLEVINGER, EARNEST J		6.2 NAME				
STREET ADORESS	P.O. BOX 722 NA	, ou	6.3 STREET ADD		s		
CITY-ST-ZIP	WALDO FL 32694-0722	· `	6.4 CITY-	ST-ZIP			
7.4	····				and in Contine 440 07(2)(i) Florida Statutas I further cartify that the information		

I 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 informati 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, with all other like empowered.