


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90274 040 ****61.25

DOCUMENT # C10216			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02112004 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7526334 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLIFER, CHARLES F JR		NAME	Robert Emmett Cooper	
STREET ADDRESS	PO BOX 597 N/A		STREET ADDRESS	1704 NW 38th Dr	
CITY-ST-ZIP	WALDO, FL 326940597		CITY-ST-ZIP	Gainesville FL 32605-3554	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALENDINE, CLARENCE E		NAME	Milledge Murphey	
STREET ADDRESS	27043 NW 98TH ST		STREET ADDRESS	1815 NW 7th Pl	
CITY-ST-ZIP	ALACHUA, FL 32615		CITY-ST-ZIP	Gainesville FL 32603-1222	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EAGLE, JR., HENRY SYKES		NAME	James Edward Presley	
STREET ADDRESS	5117 SE 171ST ST		STREET ADDRESS	18015 N CR225	
CITY-ST-ZIP	HAWTHORNE, FL 32640		CITY-ST-ZIP	GAINESVILLE FL 32609-4365	<input type="checkbox"/> Addition
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVINGER, EARNEST J		NAME		
STREET ADDRESS	P.O. BOX 722 NA		STREET ADDRESS		
CITY-ST-ZIP	WALDO, FL 326940722		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CHARLES F JR		NAME		
STREET ADDRESS	P.O. BOX 305		STREET ADDRESS		
CITY-ST-ZIP	WALDO, FL 326940305		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert E. Cooper* *Worshipful Master* 3-30-04 352-481-4461
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #