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FILED

Apr 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10218 (1)

1. Corporation Name

PINE HILL LODGE NO. 9 FREE AND ACCEPTED MASONS O
F FLORIDA

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-32183. Date Incorporated or Qualified
06/30/19923a. Date of Last Report
06/19/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY C
220 OCEAN STREET
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 of registered agent or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WDD	<input type="checkbox"/> DELETE
NAME	HARDEE, JAMES F JR	
STREET ADDRESS	13013 N.W. COUNTY RD. 231	
CITY-ST-ZIP	GAINESVILLE FL 32609-4041	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HODGES, EVAN W JR	
STREET ADDRESS	PO BOX 1262 NA	
CITY-ST-ZIP	STARKE FL 32091-1262	
TITLE	SWD	<input type="checkbox"/> DELETE
NAME	HUTCHESON, STEVE J	
STREET ADDRESS	RR 3 BOX 599A	
CITY-ST-ZIP	LAKE BUTLER FL 32054-9318	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TETSTONE, OTIS	
STREET ADDRESS	P.O. BOX 145 N/A	
CITY-ST-ZIP	BROOKER FL 32622-0145	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	WORSHIPFUL MASTER D
1.2 NAME	James Fred Hardee Jr
1.3 STREET ADDRESS	13013 N W County Rd. 231
1.4 CITY-ST-ZIP	Gainesville FL 32609-4041
2.1 TITLE	SENIOR WARDEN D
2.2 NAME	Steve Jimmy Hutcheson
2.3 STREET ADDRESS	Rr 3 Box 599A
2.4 CITY-ST-ZIP	Lake Butler FL 32054-9318
3.1 TITLE	JUNIOR WARDEN D
3.2 NAME	Bruce W Kirby
3.3 STREET ADDRESS	10831 SW 85th Ct
3.4 CITY-ST-ZIP	Gainesville FL 32608-5859
4.1 TITLE	TREASURER D
4.2 NAME	Otis Tetstone
4.3 STREET ADDRESS	P.O. Box 145 N/A
4.4 CITY-ST-ZIP	Brooker FL 32622-0145
5.1 TITLE	SECRETARY D
5.2 NAME	Evan Winfield Hodges Jr
5.3 STREET ADDRESS	Po Box 1262 N/A
5.4 CITY-ST-ZIP	Starke FL 32091-1262
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 on an attachment with an address.

SIGNATURE:

E.W. Hodges, Jr.

376-97906 664-8182

CR2E037 (9/96)