


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90161 001 \*5,083.75

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # C10218</b> 1. Corporation Name <b>PINE HILL LODGE NO. 9 FREE AND ACCEPTED MASONS OF FLORIDA</b>			
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202</b>		Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified <b>06/30/1992</b>		4. FEI Number <b>23-7526333</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>SHEPPARD, ROY C 220 OCEAN STREET JACKSONVILLE FL 32202</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <i>N/A</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>N/A</i>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>WMD</b> <input checked="" type="checkbox"/> DELETE NAME <b>HARDEE, JR., JAMES FRED</b> STREET ADDRESS <b>13013 N W COUNTY RD. 231</b> CITY-ST-ZIP <b>GAINESVILLE FL 32609-4041</b>		1.1 TITLE <b>WORSHIPFUL MASTER</b> (D) <input checked="" type="checkbox"/> Addition 1.2 NAME <b>Bruce W Kirby</b> 1.3 STREET ADDRESS <b>10831 SW 85th Ct</b> 1.4 CITY-ST-ZIP <b>Gainesville FL 32608-5859</b>	
TITLE <b>JWD</b> <input checked="" type="checkbox"/> DELETE NAME <b>KIRBY, BRUCE W</b> STREET ADDRESS <b>10831 S W 85TH CT</b> CITY-ST-ZIP <b>GAINESVILLE FL 32608-5859</b>		2.1 TITLE <b>JUNIOR WARDEN</b> (D) <input checked="" type="checkbox"/> Addition 2.2 NAME <b>ROICOE B CRUIE</b> 2.3 STREET ADDRESS <b>15721 N W Country Rd 231</b> 2.4 CITY-ST-ZIP <b>Gainesville FL 32609</b>	
TITLE <b>TD</b> <input type="checkbox"/> DELETE NAME <b>TETSTONE, OTIS</b> STREET ADDRESS <b>12102 SW COUNTY RD 235A</b> CITY-ST-ZIP <b>BROOKER FL 32622-3012</b>		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <b>SD</b> <input type="checkbox"/> DELETE NAME <b>HODGES, JR., EVAN WINFIELD</b> STREET ADDRESS <b>P.O. BOX 1262 N/A</b> CITY-ST-ZIP <b>STARKE FL 32091-1262</b>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 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.

SIGNATURE: *X*

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DEW. Hodges Jr**

Date

Daytime Phone #

**3-5-99 (352) 468-1869**

CR2E037 (1/98)