

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # C10150 (6)**

1. Corporation Name

**HAWTHORNE LODGE NO. 103 FREE AND ACCEPTED MASONS
OF FLORIDA**

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
USROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-3218
US3. Date Incorporated or Qualified
06/30/19923a. Date of Last Report
03/08/19964. FEI Number
59-1979470

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
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 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 **WMD** ☐ DELETE
NAME **BRICKLE, EDWARD L**
STREET ADDRESS **P.O. BOX 49**
CITY-ST-ZIP **LOCKLOOSA FL 32862-0049**1.1 TITLE **WORSHIPFUL MASTER** **D**
1.2 NAME **Kenneth Eugene Walker**
1.3 STREET ADDRESS **Rt 2 Box 4838**
1.4 CITY-ST-ZIP **Interlachen Fl 32148-9356**TITLE **MD** ☐ DELETE
NAME **PHILLIPS, RICHARD E**
STREET ADDRESS **RT. 1 BOX 260**
CITY-ST-ZIP **HAWTHORNE FL**2.1 TITLE **SENIOR WARDEN** **D**
2.2 NAME **Arthur Edward Brown**
2.3 STREET ADDRESS **17110 N E 71st Pl**
2.4 CITY-ST-ZIP **Hawthorne Fl 32640-9614**TITLE **JWD** ☐ DELETE
NAME **SEARLES, SONNY L**
STREET ADDRESS **P.O. BOX 1506**
CITY-ST-ZIP **HAWTHORNE FL 32640**3.1 TITLE **JUNIOR WARDEN** **D**
3.2 NAME **Richard Eugene Phillips**
3.3 STREET ADDRESS **4615 S E 4th Ave**
3.4 CITY-ST-ZIP **Gainesville Fl 32641-7612**TITLE **TD** ☐ DELETE
NAME **HUTCHINS, CHESTER W**
STREET ADDRESS **P.O. BOX 265**
CITY-ST-ZIP **HAWTHORNE FL 32640-0265**4.1 TITLE **TREASURER** **D**
4.2 NAME **Keith Linn Gowdy**
4.3 STREET ADDRESS **Rr 4 Box 222**
4.4 CITY-ST-ZIP **Hawthorne Fl 32640-8009**TITLE **SD** ☐ DELETE
NAME **BIELLING, EDWARD R**
STREET ADDRESS **PO BOX 429**
CITY-ST-ZIP **HAWTHORNE FL 32640-0429**5.1 TITLE **SECRETARY** **D**
5.2 NAME **Edward Ritch Bielling**
5.3 STREET ADDRESS **P.O. Box 429 N/A**
5.4 CITY-ST-ZIP **Hawthorne Fl 32640-0429**TITLE **SD** ☐ DELETE
NAME **WALKER, KENNETH E.**
STREET ADDRESS **RT 2 BOX 4838**
CITY-ST-ZIP **INTERLACHEN FL**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP14. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward R. Bielling **EDWARD R. BIELLING, SECRETARY**Date **2-12-97**Daytime Phone **352-481-3534**

CR2E037 (9/96)