FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR -1 PM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10026 (8)

1. Corporation Name
CENTURY LODGE NO. 213 FREE AND ACCEPTED MASONS O F FLORIDA

Principal Place of Business	Mailing Address
C/O WILLIAM G WOLF 220 OCEAN ST JACKSONVILLE FL 32202	C/O WILLIAM G WOLF 220 OCEAN ST JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 23-7526463 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent
WOLF, WILLIAM G.
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
81 SHEPPARD, ROY CONNOR
82 220 OCEAN STREET
83 JACKSONVILLE FL 32202
84 500001419895
-03/02/95--01109--001
14950.00 -**130.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 2/6/95
Signature and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WM	1.1 TITLE	WORSHIPFUL MASTER/D
NAME	WILLIAMS, RICHARD B	1.2 NAME	HENRY LUVON LEWIS
STREET ADDRESS	RT 1 BOX 156	1.3 STREET ADDRESS	P.O. BOX 484 N/A
CITY-ST-ZIP	JAY FL	1.4 CITY-ST-ZIP	CENTURY FL 32535-0484
TITLE	S	2.1 TITLE	SENIOR WARDEN/D
NAME	PETERSON, CARL JR	2.2 NAME	GLENN GARY GRANT
STREET ADDRESS	3120 HIGHWAY 168	2.3 STREET ADDRESS	30 ELSIE DAVIS RD.
CITY-ST-ZIP	CENTURY FL	2.4 CITY-ST-ZIP	CENTURY FL 32535-2708
TITLE	SW	3.1 TITLE	JUNIOR WARDEN/D
NAME	LEWIS, HENRY L	3.2 NAME	CORDELL JAMES HOWELL
STREET ADDRESS	PO BOX 484 N/A	3.3 STREET ADDRESS	PO BOX 41 N/A
CITY-ST-ZIP	CENTURY FL	3.4 CITY-ST-ZIP	CENTURY FL 32535-0041
TITLE	JW	4.1 TITLE	TREASURER/D
NAME	PTOMEY, JOHN S	4.2 NAME	JAMES EDWARD BARNES
STREET ADDRESS	MONTCLAIR	4.3 STREET ADDRESS	PO BOX 648 N/A
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	CENTURY FL 32535-0648
TITLE	T	5.1 TITLE	SECRETARY/D
NAME	MCCALL, FREDDIE W JR	5.2 NAME	CARL PETERSON JR
STREET ADDRESS	PO BOX 198 N/A	5.3 STREET ADDRESS	3120 HIGHWAY 168
CITY-ST-ZIP	FILOMATION AL	5.4 CITY-ST-ZIP	CENTURY FL 32535-2231
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

3/1/95 MSF

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qual[illegible] 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 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 an attachment with an address.

SIGNATURE: X [signature] HENRY LUVON LEWIS 2/10/95 904 256-4317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0001184