FILE NOW: FILING FEE IS $61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # C10026 (8)

1. Corporation Name

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

Principal Place of Business	Mailing Address
ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202	ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992

4. FEI Number: 23-7526463 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 200002486142 83 -04/13/98--01018--026 ***5083.75 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 _____ 2/13/98
Signature, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD LEWIS, HENRY L P. O. BOX 484 N.A CENTURY FL 32535	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRES / 1.4 CITY-ST-ZIP	WORSHIPFUL MASTER (D) Elvis Wayne Levoy 3520 Ridgecrest Lane Cantonment FL 32533	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WMD GRANT, GLEEN G 30 ELISIE DAVIS RD. CENTURY FL 32535-2708	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRES / 2.4 CITY-ST-ZIP	SECRETARY (D) Glenn Gary Grant 30 Elsie Davis Rd. Century Fl 32535	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SWD LEVOY, ELVIS W 3520 RODGECREST LANE CONTONMENT FL 32533	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRE: / 3.4. CITY-ST-ZIP	SENIOR WARDEN (D) Jim Burl Day 8721 Old Flomaton Rd Century Fl 32535	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WILLIAMS, RICHARD B 5620 DURPREE ROAD MILTON FL 32565	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRES / 4.4 CITY-ST-ZIP	JUNIOR WARDEN (D) James Edward Barnes Po Box 648 NA Century Fl 32535	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARNES, JAMES E P. O. BOX 648 N/A CENTURY FL 32535	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRES / 5.4 CITY-ST-ZIP	TREASURER (D) Richard Billy Williams 15528 Hwy 87 N Jay FL 32565	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRES. / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

PE 4-10

CR2E037 (10/97)

14. 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.

SIGNATURE: Elvis Wayne Levoy Elvis W. Levoy 3-3-98 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0004268