

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # C10034  
1. Corporation Name

HILLIARD LODGE NO. 208 FREE AND  
ACCEPTED MASONS OF FLORIDA

Principal Place of Business Mailing Address

c/o Roy Connor Sheppard  
220 Ocean Street  
Jacksonville, FL 32202

3. Date Incorporated or Qualified	3a. Date of Last Report
06/30/1992	1995
4. FEI Number	Applied For
23-7526459	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE, FL 32202

10. Name and Address of New Registered Agent

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 *R. C. Sloan*  
Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when not standing)

5/29/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE	1. DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	1. DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	1. DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	1. DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	1. DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	W.M. (D)
1.2 NAME	Raymond Mager
1.3 STREET ADDRESS	P.O. Box 1017 N/A
1.4 CITY-ST-ZIP	Hilliard, FL 32046
2.1 TITLE	S.W. (D)
2.2 NAME	Herschel M. Sloan
2.3 STREET ADDRESS	1066 Owen Avenue
2.4 CITY-ST-ZIP	Jacksonville FL 32205
3.1 TITLE	J.W. (D)
3.2 NAME	Delmar N. Cyr
3.3 STREET ADDRESS	Rt. 3, Box 666
3.4 CITY-ST-ZIP	Hilliard FL 32046
4.1 TITLE	Treas. (D)
4.2 NAME	Woodrow W. Lloyd
4.3 STREET ADDRESS	P.O. Box 27 N/A
4.4 CITY-ST-ZIP	Hilliard FL 32046
5.1 TITLE	Secy. (D)
5.2 NAME	Spotswood B. Watkins
5.3 STREET ADDRESS	P.O. Box 667 N/A
5.4 CITY-ST-ZIP	Hilliard, FL 32046
6.1 TITLE	300001883813
6.2 NAME	-07/03/96--01077--025
6.3 STREET ADDRESS	***61.25
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Spotswood B. Watkins*  
Typed or printed name of signing officer or director

May 15, 1996  
Date

321-1803  
Daytime Phone #

CR2E037 (12/95)