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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # **C10034** **(2)**

1. Corporation Name

**HILLIARD LODGE NO. 208 FREE AND ACCEPTED MASONS OF FLORIDA**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ROY CONNOR SHEPPARD<br>220 OCEAN ST<br>JACKSONVILLE FL 32202 | C/O ROY CONNOR SHEPPARD<br>220 OCEAN ST<br>JACKSONVILLE FL 32202-3218 |

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 07/02/1996

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

4. FEI Number: 23-7526459 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**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: [signature] Edward B. Watkins Sr. 2-3-97
Signature required of 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 | WMD | ☐ DELETE | 1.1 TITLE: WORSHIPFUL MASTER D |
| NAME | MAGER, RAYMOND | | 1.2 NAME: Eugene Steedley |
| STREET ADDRESS | P.O. BOX 1017 N/A | | 1.3 STREET ADDRESS: Rr 2 Box 404 |
| CITY-ST-ZIP | HILLIARD FL 32046-1017 | | 1.4 CITY-ST-ZIP: Hilliard Fl 32046-9411 |
| TITLE | SWD | ☐ DELETE | 2.1 TITLE: SENIOR WARDEN D |
| NAME | SLOAN, HERSCHAL M | | 2.2 NAME: Raymond Mager |
| STREET ADDRESS | 1066 OWEN AVE. | | 2.3 STREET ADDRESS: P.O. Box 1017 N/A |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | | 2.4 CITY-ST-ZIP: Hilliard FL 32046-1017 |
| TITLE | TD | ☐ DELETE | 3.1 TITLE: JUNIOR WARDEN D |
| NAME | LLOYD, WOODROW W | | 3.2 NAME: Delmar Nathaniel Cyr |
| STREET ADDRESS | P.O. BOX 27 N/A | | 3.3 STREET ADDRESS: Rr 3 Box 666 |
| CITY-ST-ZIP | HILLIARD FL 32046-0027 | | 3.4 CITY-ST-ZIP: Hilliard Fl 32046-9617 |
| TITLE | JWD | ☐ DELETE | 4.1 TITLE: TREASURER D |
| NAME | CYR, DELMAR N | | 4.2 NAME: Woodrow Wilson Lloyd |
| STREET ADDRESS | RT 3 BOX 666 | | 4.3 STREET ADDRESS: Po Box 27 N/A |
| CITY-ST-ZIP | HILLIARD FL 32046 | | 4.4 CITY-ST-ZIP: Hilliard Fl 32046-0027 |
| TITLE | SD | ☐ DELETE | 5.1 TITLE: SECRETARY D |
| NAME | WATKINS, SPOTSWOOD B | | 5.2 NAME: Spotswood Berkeley Watkins Sr |
| STREET ADDRESS | PO BOX 667 NA | | 5.3 STREET ADDRESS: Po Box 667 N/A |
| CITY-ST-ZIP | HILLIARD FL 32046 | | 5.4 CITY-ST-ZIP: Hilliard Fl 32046-0667 |
| TITLE | | ☐ DELETE | 6.1 TITLE |
| NAME | | | 6.2 NAME |
| STREET ADDRESS | | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP |

CR2E037 (9/96)

14. 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:** X [signature] Spotswood B. Watkins 3/04/97 (904)321-1803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone