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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
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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 220 OCEAN ST JACKSONVILLE FL 32202	C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202

3. Date Incorporated or Qualified 06/30/1992	
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
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	

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

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)	4000002486144
83. City	FL
84. Zip Code	32202

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]* DATE: **2/13/98**

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	D STEEDLEY, EUGENE
STREET ADDRESS	RR 2 BOX 404
CITY-ST-ZIP	HILLIARD FL
TITLE	☐ DELETE
NAME	D MAGER, RAYMOND
STREET ADDRESS	PO BOX 1017 N/A
CITY-ST-ZIP	HILLIARD FL
TITLE	☐ DELETE
NAME	D CYR, DELMAR NATHAN
STREET ADDRESS	RR 3 BOX 666
CITY-ST-ZIP	HILLIARD FL
TITLE	☐ DELETE
NAME	D LLOYD, WOODROW WILSON
STREET ADDRESS	PO BOX 27 N/A
CITY-ST-ZIP	HILLIARD FL
TITLE	☐ DELETE
NAME	D WATKINS SR, SPOTSWOOD BERK
STREET ADDRESS	PO BOX 667 N/A
CITY-ST-ZIP	HILLIARD FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
1.2 NAME	Eugene Steedley
1.3 STREET ADDRESS	Rr 3 Box 5790
1.4 CITY-ST-ZIP	Hilliard FL 32046
2.1 TITLE	SECRETARY (D) ☒ Change ☐ Addition
2.2 NAME	Spotswood Berkeley Watkins Sr
2.3 ST	PO Box 667 N/A
2.4 CITY	Hilliard FL 32046-0667
3.1 TITLE	SENIOR WARDEN (D) ☒ Change ☐ Addition
3.2 NAME	Raymond Mager
3.3 STREET ADDR	P.O. Box 1017 N/A
3.4 CITY-ST-ZIP	Hilliard FL 32046-1017
4.1 TITLE	JUNIOR WARDEN (D) ☒ Change ☐ Addition
4.2 NAME	Delmar Nathaniel Cyr
4.3 STREET ADDR	7971 Ingham Rd
4.4 CITY-ST-ZIP	Hilliard FL 32046
5.1 TITLE	TREASURER (D) ☒ Change ☐ Addition
5.2 NAME	Woodrow Wilson Lloyd
5.3 STREET ADDR	PO Box 27 N/A
5.4 CITY-ST-ZIP	Hilliard FL 32046-0027
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDR	
6.4 CITY-ST-ZIP	

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 executor 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]* DATE: **March 7, 1998 (904) 321-1803**

CR2E037 (1097)