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CORPORATION ANNUAL REPORT **1995**

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

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DOCUMENT # C10071 (4)

1. Corporation Name

ANCHOR LODGE NO. 182 FREE AND ACCEPTED MASONS OF 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

3. Date Incorporated or Qualified: 06/30/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 23-7193179 ☐ 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 ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: SHEPPARD, ROY CONNOR
82 220 OCEAN STREET
83 JACKSONVILLE FL 32202
84

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 agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 2/6/95
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	WM	1.1 TITLE	WORSHIPFUL MASTER/D
NAME	BOONE, JIMMIE G JR	1.2 NAME	THOMAS WILLIAM FORTUNE
STREET ADDRESS	740 AVE F	1.3 STREET ADDRESS	3323 RIVERIA DR
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	KEY WEST FL 33040
TITLE	S	2.1 TITLE	SENIOR WARDEN/D
NAME	NILES, ANTHONY F	2.2 NAME	JAMIE DEREK BOAN
STREET ADDRESS	2431 SEIDENBERG AVE	2.3 STREET ADDRESS	P O BOX 155 N/A
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	SUGARLOAF SHORES FL 33044
TITLE	SW	3.1 TITLE	JUNIOR WARDEN/D
NAME	FORTUNE, THOMAS W	3.2 NAME	TERRY AMON HAM
STREET ADDRESS	3323 RIVERIA DR	3.3 STREET ADDRESS	1804 FLAGLER AVE
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	KEY WEST FL 33040
TITLE	JW	4.1 TITLE	TREASURER/D
NAME	BOAN, JAMIE D	4.2 NAME	LEONARD HAROLD KNOWLES
STREET ADDRESS	PO BOX 207 N/A	4.3 STREET ADDRESS	1720 DUNCAN ST
CITY-ST-ZIP	SUGAR LOAF FL	4.4 CITY-ST-ZIP	KEY WEST FL 33040-3540
TITLE	T	5.1 TITLE	SECRETARY/D
NAME	KNOWLES, LEONARD H	5.2 NAME	BROOKS HERRICK CATHEY
STREET ADDRESS	1720 DUNCAN ST	5.3 STREET ADDRESS	900 WASHINGTON ST
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	KEY WEST FL 33040-4753
TITLE		6.1 TITLE	3/1/95 WH
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Brooks H. Cathey 2-14-95 305-292-3420
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
BROOKS H. CATHEY SECRETARY

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