FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10075 (5)

1. Corporation Name

FRANCIS T. HURLBERT LODGE NO. 259 FREE AND ACCEP TED MASONS OF FLORIDA

000001484680
-05/11/95--01098--004
***2600.00 ****130.00
DO NOT WRITE IN THIS SPACE

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: 59-1688795 ☐ 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 / County 25	Zip 29 / County 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 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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 3/6/95
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. ADDITIONAL
TITLE	WM	11 TITLE: WORSHIPFUL MASTER/D
NAME	BERNHARD, ROBERT O	12 NAME: RONALD WELDON WILSON
STREET ADDRESS	415 MALCROSS AVE	13 STREET ADDRE: 12081 SIMMONS RD
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP: JACKSONVILLE FL 32218-7517
TITLE	S	21 TITLE: SENIOR WARDEN/D
NAME	TOWNSEND, ARLEY T JR	22 NAME: DARRYL WAYNE DEETZ
STREET ADDRESS	649 JOANN RD	23 STREET ADDRES: 110 EAST 63RD ST
CITY-ST-ZIP	YULEE FL	24 CITY-ST-ZIP: JACKSONVILLE FL 32208-4712
TITLE	SW	31 TITLE: JUNIOR WARDEN/D
NAME	WILSON, RONALD W	32 NAME: MORRIS THOMAS DARBY
STREET ADDRESS	12081 SIMMONS RD	33 STREET ADDRESS: 5648 DARLOW AVE.
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP: JACKSONVILLE FL 32211-1747
TITLE	JW	41 TITLE: TREASURER/D
NAME	DEETZ, DARRYL W	42 NAME: ROBERT LOREN YOUNG
STREET ADDRESS	110 EAST 63RD ST	43 STREET ADDRESS: 4621 CASTLEWOOD DR W
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP: JACKSONVILLE FL 32206
TITLE	T	51 TITLE: SECRETARY/D
NAME	YOUNG, ROBERT L	52 NAME: RICHARD DAVID WOODS
STREET ADDRESS	4621 CASTLEWOOD DR W	53 STREET ADDRESS: 130 COLLEGE DR
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP: ORANGE PARK FL 32065
TITLE		61 TITLE:
NAME		62 NAME:
STREET ADDRESS		63 STREET ADDRESS:
CITY-ST-ZIP		64 CITY-ST-ZIP:

5/1/95 MB

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: Ronald W. Wilson Ronald W. Wilson 4-17-95 779-3824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001009