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 MAR -1 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001419808
-03/02/95--01109--001
DO NOT WRITE IN THIS SPACE **130.00**

DOCUMENT # C10084 (7)

1. Corporation Name

RAIFORD LODGE NO. 82 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: 23-7526380 ☐ Applied For ☐ Not Applicable

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

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

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

01 Name: SHEPPARD, ROY CONNOR
02 Street: 220 OCEAN STREET
03:
04 City: JACKSONVILLE FL 32202

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] 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	ROSIER, JAMES D	1.2 NAME	JIMMIE THORNTON
STREET ADDRESS	RT 1 BOX 599	1.3 STREET ADDRESS	RR 1 BOX 382-A
CITY-ST-ZIP	LAWTEY FL	1.4 CITY-ST-ZIP	RAIFORD FL 32083-9051
TITLE	S	2.1 TITLE	SECRETARY/D
NAME	JOHNSON, PAUL E	2.2 NAME	JAMES DONALD ROSIER
STREET ADDRESS	RT 2 BOX 397	2.3 STREET ADDRESS	RT 1 BOX 599
CITY-ST-ZIP	MACCLENNY FL	2.4 CITY-ST-ZIP	LAWTEY FL 32058-9603
TITLE	SW	3.1 TITLE	SENIOR WARDEN/D
NAME	DICKENS, PATRICK C II	3.2 NAME	ALVIN ALTON GRIFFIS
STREET ADDRESS	RT 1 BOX 44	3.3 STREET ADDRESS	RR 1 BOX 500
CITY-ST-ZIP	RAIFORD FL	3.4 CITY-ST-ZIP	LAKE BUTLER FL 32054-9724
TITLE	JW	4.1 TITLE	JUNIOR WARDEN/D
NAME	SMITH, JAMES F	4.2 NAME	PAUL ERIC JOHNSON
STREET ADDRESS	RR 1 BOX 156	4.3 STREET ADDRESS	RT 2 BOX 397
CITY-ST-ZIP	RAIFORD FL	4.4 CITY-ST-ZIP	MACCLENNY FL 32063-9527
TITLE	T	5.1 TITLE	TREASURER/D
NAME	THORNTON, JAMES P	5.2 NAME	PATRICK C DICKENS II
STREET ADDRESS	RT 5 BOX 7882	5.3 STREET ADDRESS	RT 1 BOX 44
CITY-ST-ZIP	STARKE FL	5.4 CITY-ST-ZIP	RAIFORD FL 32083-9006
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

3-1-95 mst

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 addition.

SIGNATURE: Jimmie Thornton Jimmie Thornton 10 feb 95 (904) 431-1671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000007