FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # C10103 (5)

1. Corporation Name

HERNANDO LODGE NO. 97 FREE AND ACCEPTED MASONS O F 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: 03/22/1995

2. Principal Place of Business
21 ROY CONNOR SHEPPARD
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 ROY CONNOR SHEPPARD
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-1657220 ☐ 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 _____ DATE 2/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS / CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	WMD	☐ DELETE	
NAME	COLEMAN, JOSEPH E		
STREET ADDRESS	2457 MATHESON AVE.		
CITY-ST-ZIP	SPRING HILL FL 34608-4375		
TITLE	SD	☐ DELETE	
NAME	BATES, JOHN C JR		
STREET ADDRESS	21950 SQUIRREL PRAIRIE RD		
CITY-ST-ZIP	BROOKSVILLE FL		
TITLE	SWD	☐ DELETE	
NAME	LEWIS, VINEL S JR		
STREET ADDRESS	P.O. 1213 N/A		
CITY-ST-ZIP	BROOKSVILLE FL 34605		
TITLE	TD	☐ DELETE	
NAME	ROSSER, PAUL N JR		
STREET ADDRESS	3 N. BAILEY AVE		
CITY-ST-ZIP	BROOKSVILLE FL 34601-2806		
TITLE	T	☐ DELETE	
NAME	ANDERSON, DONALD R JR		
STREET ADDRESS	13045 LINDEN DR		
CITY-ST-ZIP	SPRING HILLS FL		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

WORSHIPFUL MASTER (D)
VINEL S LEWIS JR
P. O. BOX 1213 N/A
BROOKSVILLE FL 34605

SENIOR WARDEN (D)
HAROLD JAMES LAUSHWAY
900 5001 U.S. 41 NORTH
BROOKSVILLE FL 34601

JUNIOR WARDEN (D)
THOMAS ALLEN COLLINS
850 MOONLIGHT LN
BROOKSVILLE FL 34601-3014

TREASURER (D)
PAUL NICHOLAS ROSSER
3 N BAILEY AVE
BROOKSVILLE FL 34601-2806

SECRETARY (D)
JOHN CLIFFORD BATES JR
21950 SQUIRREL PRAIRIE RD
BROOKSVILLE FL 34610-2300

CR2E031 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quali 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 John C Bates Jr. John C Bates Jr 3/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 352-796 5041