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Mar 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
USROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-3218
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27

City & State

23 Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1992

3a. Date of Last Report

03/22/1996

4. FEI Number

59-1657220

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for Intangible tax under s. 199.032,
Florida Statutes

Yes



No

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

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

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE WMD
NAME COLEMAN, JOSEPH E
STREET ADDRESS 2457 MATHESON AVE.
CITY-ST-ZIP SPRING HILL FL 34608-4375☐ DELETETITLE SD
NAME BATES, JOHN C JR
STREET ADDRESS 21950 SQUIRREL PRAIRIE RD
CITY-ST-ZIP BROOKSVILLE FL☐ DELETETITLE SWD
NAME LEWIS, VINEL S JR
STREET ADDRESS P.O. 1213 N/A
CITY-ST-ZIP BROOKSVILLE FL 34605☐ DELETETITLE TD
NAME ROSSER, PAUL N JR
STREET ADDRESS 3 N. BAILEY AVE
CITY-ST-ZIP BROOKSVILLE FL 34601-2806☐ DELETETITLE T
NAME ANDERSON, DONALD R JR
STREET ADDRESS 13045 LINDEN DR
CITY-ST-ZIP SPRING HILLS FL☐ DELETETITLE SD
NAME BATES, JR. J
STREET ADDRESS 21950 SQUIRREL PRAIRIE ROAD
CITY-ST-ZIP BROOKSVILLE FL☐ DELETE1.1 TITLE WORSHIPFUL MASTER D
1.2 NAME Harold James Laushway
1.3 STREET ADDRESS 900 N Broad St #5001
1.4 CITY-ST-ZIP Brooksville Fl 34601
2.1 TITLE SENIOR WARDEN D
2.2 NAME Thomas Allen Collins
2.3 STREET ADDRESS 850 Moonlight Ln
2.4 CITY-ST-ZIP Brooksville Fl 34601-3014
3.1 TITLE JUNIOR WARDEN D
3.2 NAME Donald Ray Anderson Jr
3.3 STREET ADDRESS 13045 Linden Dr
3.4 CITY-ST-ZIP Spring Hills Fl 34609-3641
4.1 TITLE TREASURER D
4.2 NAME John Clifford Bates Jr
4.3 STREET ADDRESS 21950 Squirrel Prairie Rd
4.4 CITY-ST-ZIP Brooksville Fl 34610-2300
5.1 TITLE SECRETARY D
5.2 NAME Verne Carter Ross
5.3 STREET ADDRESS 259 Howell Ave.
5.4 CITY-ST-ZIP Brooksville Fl 34601-2041
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 8004184

2/17/97 (352) 754-4190

CR2E037 (9/96)