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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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
ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US	ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202 US

3. Date Incorporated or Qualified: 06/30/1992

4. FEI Number: 59-1657220 ☐ Applied For ☐ Not Applicable

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

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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)

200002485152
-04/13/98--01018--026

83 ***5083.75

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] 2/13/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	WMD COLEMAN, JOSEPH E 2457 MATHESON AVE. SPRING HILL FL 34608-4375	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET / 1.4 CITY-ST	WORSHIPFUL MASTER (D) Thomas Allen Collins 850 Moonlight Ln Brooksville Fl 34601-3014	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BATES, JOHN C JR 21950 SQUIRREL PRAIRIE RD BROOKSVILLE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET AI / 2.4 CITY-ST-	SECRETARY (D) Verne Carter Ross 259 Howell Ave. Brooksville Fl 34601-2041	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SWD LEWIS, VINEL S JR P.O. 1213 N/A BROOKSVILLE FL 34605	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET AD / 3.4 CITY-ST-	SENIOR WARDEN (D) Donald Ray Anderson Jr 13045 Linden Dr Spring Hills Fl 34609	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ROSSER, PAUL N JR 3 N. BAILEY AVE BROOKSVILLE FL 34601-2806	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET AI / 4.4 CITY-ST-	JUNIOR WARDEN (D) Rodman Schall Van Sant 25501 Mondon Hill Rd Brooksville Fl 34601-7031	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DONALD RAY ANDERSON JR 13045 LINDEN DR SPRING HILLS FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET AI / 5.4 CITY-ST-	TREASURER (D) John Clifford Bates Jr 21950 Squirrel Prairie Rd Brooksville Fl 34610-2300	X ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHN CLIFFORD BATES JR 21950 SQUIRREL PRAIRIE ROAD BROOKSVILLE FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET AI / 6.4 CITY-ST-		

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14. I 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] Verne C. Ross, Secretary 3/11/98 352-754-4190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0004006