2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2008 8:00 am Secretary of State

04-02-2008 90023 047 ****61.25

DOCUMENT # C10138

1. Entity Name HASTINGS LODGE NO. 183 FREE AND ACCEPTED



MASONS OF FLORIDA									
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202				Bil ebibl (1660 (116) fb:	1 11811 11811 1181		III II 1011
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02202008	Chg-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 59-1912	785		_ 	olied For Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Addi	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered A	gent	
SHEPPARD, ROY CONNOR				Name I vnn	Dichard Ed	,			
220 OCEAN ST JACKSONVILLE, FL 32202				Lynn, Richard Edward Acceptable 220 Ocean Street					
orioriositvices, i s ossessi				Jackso	Jacksonville, Florida 32202				
			i ~	L Ty			FE.	A F T CUE	
	pamed entity submits this statement fo	r the purpose of changing its	registered	office or registe	ered agent, or both	in the State of Fi	urjūd1 cm.(accept
the obligati	ons of registered agent.	16.				1. 1/2			
SIGNATURE .	The state of the s	El	-		ラ	128/10	8: :		•
JIGHATORE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered A	Agent signature require	ed when reinstating)		~~ DATE	u =	
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campa Trust Fund Cor					\$5.00 May Be Added to Fees	"Flo	lake check rida Depart	ment of St)-143-i
10.	OFFICERS AND DIF	RECTORS	11.	· · · · ·	AUDITIONS/CHAI	VIGES TO OFFICE			
TITLE	D ,	Delete	TITLE		IIOR WARD	EMT	(.D-)	Change	Addition
NAME	ROLLINSON, DONALD E JR	•	NAME		Terrell		1		•
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 439 LAKE COMO, FL 321570439		CITY-S		s Islande ssuma FL		AEO		
TITLE	D	📆 Delete	TITLE		.iom WARD		(D)-	↑ Change	Addition
NAME	WILSON, SCOTT E	A	NAME	Joe	e Royce G	Gullette	J۳		F
STREET ADDRESS	P.O. BOX 644				27 Old Di				_
CITY-ST-ZIP	EAST PALATKA, FL 321310644 S		CITY-S	<u> 5a i</u>	ntAugus	t.ine_EL	<u>3205</u>		
NAME **	CAIN, ROBERT S JR	☐ Delete	TITLE					Change	
STREET ADDRESS	6950 SR 305			ADDRESS					
CITY-ST-ZIP	ELKTON, FL 320333812		CITY-S	ST- ZIP					
TITLE *	D PRACIEL BUILDIE B	☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	BRASIEL, DULCIE D 201 HOOT OWL RD		NAME STREET	T ADDRESS					
CITY-ST-ZIP	SATSUMA, FL 321892330		CITY-S						
TITLE	Т	Delete	TITLE		EASURER	· · · · · · · · · · · · · · · · · · ·	(D)	[Ct_nge	Addition
NAME	SCHENCK, ROBERT C	•	NAME		mond Gla		eFord	Jr	• -
STREET ADDRESS CITY-ST-ZIP	134 COMMERCIAL AVE EAST PALATKA, FL 321314363	l	CITY-S		45 Morris			1	<u>.</u>
TITLE		Delete	TITLE	—— ¦Has	i-t-i-ng-z -F-]	L_321.45=	-37.1.7 	- Change	Addition
NAME			NAME		••				\sqrt{c}
STREET ADDRESS				T ADDRESS		:			
CITY-ST-ZIP	certify that the information supplied with	ship filipp dage ast availe, f	CITY-S		* - 1'				

Indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, it further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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