

# 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 # **C10150** (6)

1. Corporation Name

**HAWTHORNE LODGE NO. 103 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  
**03/24/1995**

2. Principal Place of Business  
**21 Roy Connor Sheppard**

2a. Mailing Address  
**26 Roy Connor Sheppard**

4. FEI Number  
**59-1979470**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country

Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN ST  
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 *Roy Connor Sheppard*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*2/16/96*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**WMD  
BRICKLE, EDWARD L  
P.O. BOX 49  
LOCKLOOSA FL 32662-0049**

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**WORSHIPFUL MASTER (D)  
RICHARD EUGENE PHILLIPS  
4615 S E 4TH AVE  
GAINESVILLE FL 32641-7612**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SWD  
PHILLIPS, RICHARD E  
RT. 1 BOX 260  
HAWTHORNE FL 32640-8027**

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

**SENIOR WARDEN (D)  
KENNETH EUGENE WALKER  
RT 2 BOX 4838  
INTERLACHEN FL 32148-9356**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**JWD  
SEARLES, SONNY L  
P.O. BOX 1506  
HAWTHORNE FL 32640**

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

**JUNIOR WARDEN (D)  
OWEN WILLIAM SYKES  
RT 3 BOX 105  
HAWTHORNE FL 32640**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
HUTCHINS, CHESTER W  
P.O. BOX 265  
HAWTHORNE FL 32640-0265**

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

**TREASURER (D)  
KEITH LINN GOWDY  
RR 4 BOX 222  
HAWTHORNE FL 32640-8009**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
BIELLING, EDWARD R  
PO BOX 429  
HAWTHORNE FL 32640-0429**

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

**SECRETARY (D)  
EDWARD RITCH BIELLING  
P.O. BOX 429 N/A  
HAWTHORNE FL 32640-0429**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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 is voluntarily furnished and does not qualify for the exemption stated in Section 617.0503, 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: *Richard Phillips*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-27-96*  
Date

*352-481-3534*  
Daytime Phone #

CR2E037 (12/95)