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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # C10150 (6) Filed under name of record on 6/3/98

1. Corporation Name

HAWTHORNE LODGE NO. 103 FREE AND ACCEPTED MASONS OF FLORIDA

name change i.e. M. McNatt

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: 59-1979470 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 ST
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

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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 _____ 2/13/98
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13.		
TITLE	WMD	☐ DELETE	1.1	WORSHIPFUL MASTER (P)(D)	☒ Change ☐ Addition
NAME	BRICKLE, EDWARD L		1.2	Richard Eugene Phillips	
STREET ADDRESS	P.O. BOX 49		1.3	4615 S E 4Th Ave	
CITY-ST-ZIP	LOCKLOOSA FL 32662-0049		1.4	Gainesville Fl 32641-7612	
TITLE	D	☒ DELETE	2.1	SECRETARY (D)	☒ Change ☐ Addition
NAME	PHILLIPS, RICHARD E		2.2	Edward Ritch Bielling	
STREET ADDRESS	4615 SE 4TH AVE		2.3	P.O. Box 429 N/A	
CITY-ST-ZIP	GAINESVILLE FL 12		2.4	Hawthorne Fl 32640-0429	
TITLE	JWD	☐ DELETE	3.1	SENIOR WARDEN (D)	☒ Change ☐ Addition
NAME	SEARLES, SONNY L		3.2	William Henry Smith	
STREET ADDRESS	P.O. BOX 1506		3.3	271 E. Cowpen Lake Rd	
CITY-ST-ZIP	HAWTHORNE FL 32640		3.4	Hawthorne Fl 32640	
TITLE	TD	☐ DELETE	4.1	JUNIOR WARDEN (D)	☒ Change ☐ Addition
NAME	HUTCHINS, CHESTER W		4.2	Kenneth Eugene Walker	
STREET ADDRESS	P.O. BOX 265		4.3	108 Cinnamon Drive	
CITY-ST-ZIP	HAWTHORNE FL 32640-0265		4.4	Interlachen Fl 32148	
TITLE	SD	☐ DELETE	5.1	TREASURER (D)	☒ Change ☐ Addition
NAME	BIELLING, EDWARD R		5.2	Keith Linn Gowdy	
STREET ADDRESS	P O BOX 429 N/A		5.3	371 Star Lake Rd	
CITY-ST-ZIP	HAWTHORNE FL		5.4	Hawthorne Fl 32640	
TITLE	D	☐ DELETE	6.1	TI	☐ Change ☐ Addition
NAME	WALKER, KENNETH E		6.2	N	
STREET ADDRESS	RT 2 BOX 4838		6.3	STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL 56		6.4	CITY-ST-ZIP	

ND DIRECTORS IN 12

6/3

CR2E037 (10/97)

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: _____ Edward A. Bielling 2-24-98 352-481-3536