FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR -2 PM 6:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10180 (3)

1. Corporation Name

BRENTWOOD LODGE NO. 363 FREE AND ACCEPTED MASONS OF FLORIDA

200001419972
-03/02/95--01109--001
DO NOT WRITE IN THIS SPACE **130.00

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: 04/29/1994
4. FEI Number: 23-7526575 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G.
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

01 SHEPPARD, ROY CONNOR
02 220 OCEAN STREET
03 JACKSONVILLE FL 32202
04

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 2/6/95
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	WM	1.1 TITLE	WORSHIPFUL MASTER/D
NAME	SMITH, BUFORD E	1.2 NAME	DONALD LEE MARTENS JR
STREET ADDRESS	704 SOUTH 1 ST	1.3 STREET ADDRESS	5128 SPRING HILL DR
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA FL 32503
TITLE	S	2.1 TITLE	SECRETARY/D
NAME	PIERSON, THOMAS K JR	2.2 NAME	J.M (RICK) GREER
STREET ADDRESS	9504 HILLVIEW RD	2.3 STREET ADDRESS	12275 HAVBURG DR
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA FL 32506
TITLE	SW	3.1 TITLE	SENIOR WARDEN/D
NAME	MARTENS, DONALD L JR	3.2 NAME	HAROLD RONALD CHANDLER
STREET ADDRESS	4005 W BOBE ST #90	3.3 STREET ADDRESS	910 N 63RD AVE
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA FL 32506-4524
TITLE	JW	4.1 TITLE	JUNIOR WARDEN/D
NAME	CHANDLER, HAROLD R	4.2 NAME	BUFORD EARL SMITH
STREET ADDRESS	910 N 63RD AVE	4.3 STREET ADDRESS	704 SOUTH 1 ST
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PENSACOLA FL 32501-5235
TITLE	T	5.1 TITLE	TREASURER/D
NAME	BRYANT, JAMES L	5.2 NAME	JAMES LEWIS BRYANT
STREET ADDRESS	34 WHITEHEAD DR	5.3 STREET ADDRESS	34 WHITEHEAD DR
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA FL 32503-7037
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

3/2/95 MF

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 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: Donald L. Martens JR WORSHIPFUL MASTER 2-6-95 904-455-1427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001663