## **FILE NOW: FILING FEE IS \$61,25**

NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham FILED ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 MAR 25 PM 3: 24 DOCUMENT # C10180 (3)SECRETARY OF STATE TALLAHASSEE. FLORIDA BRENTWOOD LODGE NO. 363 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address C/O ROY CONNOR SHEPPARD C/O ROY CONNOR SHEPPARD 3. Date Incorporated or Qualified 220 OCEAN ST 220 OCEAN ST 06/30/1992 4. FEI Number JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 Applied For 23-7526575 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? □ No ☐ Yes 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 SHEPPARD, ROY CONNOR Street Address (P.O. Box Number is Not Acceptable) 82 220 OCEAN STREET -03/26/98--01084--001 83 JACKSONVILLE FL 32202 \*\*\*5003. 84 City 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 t and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (D) X hange Addition TITLE WMD DELETE 1.1 TITLE WORSHIPFUL MASTER CHANDLER, HAROLD R 12 NAME NAME Charles Kinley 910 N 63RD AVE STREET ADDRESS 1.3 STREET ADDRESS 8 Oleander St PENSACOLA FL 32508-4524 CITY-ST-ZIP 1.4 CITY - ST- ZIP Pensacola FL 32503 DELETE Addition TITLE 2.1 TITLE SECRETARY (D) RAEBURN LAMAR FILLINGIM NAME 2.2 NAME Raeburn Lamar Fillingim 5910 DUCHESS RD STREET ADDRESS 2.3 STREET ADDRESS 5910 Duchess Rd PENSACOLA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Pensacola F1 32503 Addition DELETE TITLE JWD 3.1 TITLE SENIOR WARDEN (D) KINLEY, CHARLES 3.2 NAME Elwood Thomas Turlington 8 OLEANDER ST. STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA FL 32503 6115 East Shore Dr CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Addition 4.1 TITLE Pensacola FL 32505 TITLE JAMES LEWIS BRYANT NAME 4. 2 NAME JUNIOR WARDEN 34 WHITEHEAD DR 4.3 STREET ADDRESS (D) STREET ADDRESS PENSACOLA FL Franklin Duane Anderson 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 32600 Cedar Ridge Lane Addition 5.1 TITLE TITLE LEE. DONALD E SR 5.2 NAME NAME Seminole Al 36574-2747 **8 HANCOCK LANE** 5.3 STREET ADDRESS STREET ADDRESS TREASURER (D) PENSACOLA FL 32503 5.4 CITY-ST-ZIP CITY-ST-ZIP James Lewis Bryant DELETE Addition 61 TITLE TITLE 34 Whitehead Dr NAME 6.2 NAME Pensacola Fl 32503 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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: All 14 All 14 All 15 All 16 All