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 MAY -1 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # C10226 (4)

1. Corporation Name

WOODSTOCK PARK LODGE NO. 313 FREE AND ACCEPTED M ASONS 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: 04/29/1994
4. FEI Number: 23-7161313 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

61 Name: SHEPPARD, ROY CONNOR
62 220 OCEAN STREET
63 JACKSONVILLE FL 32202
64

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 of 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	CHANDLER, GLENN E	1.2 NAME	DONALD HUBBARD JR
STREET ADDRESS	5360 REDRAC ST	1.3 STREET ADDRE	2955 W 15TH ST
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE FL 32254-1811
TITLE	S	2.1 TITLE	SECRETARY/D
NAME	COWAN, SAMUEL E II	2.2 NAME	SAMUEL EDGAR COWAN III
STREET ADDRESS	5825 BUCKLEY CT	2.3 STREET ADDRESS	5825 BUCKLEY CT
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE FL 32244-1606
TITLE	SW	3.1 TITLE	SENIOR WARDEN/D
NAME	HUBBARD, DONALD JR	3.2 NAME	RONALD HOWARD BECK
STREET ADDRESS	2955 W 15TH ST	3.3 STREET ADDRE	5346 CLARENDON RD
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	JACKSONVILLE FL 32205-7234
TITLE	JW	4.1 TITLE	JUNIOR WARDEN/D
NAME	WALDRON, JOHN W	4.2 NAME	JOHN THOMAS LOVELESS
STREET ADDRESS	8429 STOCKS RD	4.3 STREET ADDRE	3519 BOUGAINVILLA ST
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	JACKSONVILLE FL 32254
TITLE	T	5.1 TITLE	TREASURER/D
NAME	HELBERT, CARL L	5.2 NAME	CARL LEWIS HELBERT
STREET ADDRESS	3869 HOLLINGSWORTH ST	5.3 STREET ADDRESS	3869 HOLLINGSWORTH ST
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	JACKSONVILLE FL 32205-8905
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: [signature] SAMUEL E COWAN III 3/8/95 904 771-4129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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