

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # C10243  
1. Corporation Name

EDWARD R. ROWE SR. LODGE NO. 374 FREE AND  
ACCEPTED MASONS OF FLORIDA

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD  
220 OCEAN STREET  
JACKSONVILLE, FL 32202

3. Date Incorporated or Qualified  
06/30/1992

4. FEI Number  
59-1622530

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

10. Name and Address of New Registered Agent

ROY CONNOR SHEPPARD  
220 OCEAN STREET  
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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
RICHARD WYNN PARKER  
1634 N.E. 18TH PLACE  
GAINESVILLE, FL 32609-3926

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

SENIOR WARDEN (D) ☒ Change ☐ Addition  
TEDDY JOSEPH HANNA  
3009 S.W. ARCHER ROAD  
GAINESVILLE, FL 32608

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

JUNIOR WARDEN (D) ☒ Change ☐ Addition  
THEODORE RAY WILLIAMS  
1806 N.W. 10TH TERRACE  
GAINESVILLE, FL 32609-3424

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TREASURER (D) ☒ Change ☐ Addition  
PETER ANDREW WHITE  
4038 N.W. 59TH AVENUE  
GAINESVILLE, FL 32653-8360

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

SECRETARY (D) ☒ Change ☐ Addition  
ELMER GEORGE NELSON  
9221 N.W. 10TH PLACE  
GAINESVILLE, FL 32653-5551

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition  
600002544426  
-06/02/98-01031-044  
\*\*\*306.25  
PC  
6/1

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 for on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/98 352 392-1701 X244

CR2E037 (10/97)