

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # C10248 (8)

1. Corporation Name

HAYWARD LODGE NO. 45 FREE AND ACCEPTED MASONS 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
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Roy Connor Sheppard

26 Roy Connor Sheppard

Suite/Apt. #, etc.

Suite/Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

23-7526354

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
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]

(NOTE: Registered Agent signature required when reappointing)

2/16/96

12. OFFICERS AND DIRECTORS

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

WMD
GOODSON, RALPH L
RT. 7 BOX 162
LIVE OAK FL 32060

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SWD
WILLIAMS, ALTON L JR
1006 PINE AVE. S.W.
LIVE OAK FL 32060-9112

TITLE NAME STREET ADDRESS CITY-ST-ZIP

JWD
POOLE, JERRY L
RT. 5 BOX 265
LIVE OAK FL 32060-9212

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
OWEN, WILLIAM L SR
RT. 2 BOX 2
LIVE OAK FL 32060-3801

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD
REWIS, JAMES E SR
740 DARROW AVE SE
LIVE OAK FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

WORSHIPFUL MASTER (D)
RALPH LEE GOODSON
RT. 7 BOX 162
LIVE OAK FL 32060

SENIOR WARDEN (D)
ALTON KENDRICK WILLIAMS JR
1006 PINE AVE. S.W.
LIVE OAK FL 32060-9121

JUNIOR WARDEN (D)
JERRY LEE POOLE
RT 5 BOX 265
LIVE OAK FL 32060-9212

TREASURER (D)
JAMES EDWIN REWIS SR
740 DARROW AVE SE
LIVE OAK FL 32060-3801

SECRETARY (D)
WILLIAM LESLIE OWEN SR
1310 E DUVAL ST
LIVE OAK FL 32060

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for 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, unchanged, or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

Date

904-658-2002

Daytime Phone #

CR2E037 (12/95)