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FILED

Mar 11 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202  
USROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202-3218  
US3. Date Incorporated or Qualified  
06/30/19923a. Date of Last Report  
03/22/19964. FEI Number  
23-7526354Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

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, Name 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 WMD ☐ DELETENAME GOODSON, RALPH L  
STREET ADDRESS RT. 7 BOX 162  
CITY-ST-ZIP LIVE OAK FL 32060TITLE SWD ☐ DELETENAME WILLIAMS, ALTON L JR  
STREET ADDRESS 1006 PINE AVE. S.W.  
CITY-ST-ZIP LIVE OAK FL 32060-9112TITLE JWD ☐ DELETENAME POOLE, JERRY L  
STREET ADDRESS RT. 5 BOX 265  
CITY-ST-ZIP LIVE OAK FL 32060-9212TITLE SD ☐ DELETENAME OWEN, WILLIAM L SR  
STREET ADDRESS RT. 2 BOX 2  
CITY-ST-ZIP LIVE OAK FL 32060-3801TITLE TD ☐ DELETENAME REWIS, JAMES E SR  
STREET ADDRESS 740 DARROW AVE SE  
CITY-ST-ZIP LIVE OAK FLTITLE SD ☐ DELETENAME OWEN, WILLIAM LESLIE  
STREET ADDRESS 1310 E DUVAL STREET  
CITY-ST-ZIP LIVE OAK FL

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 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

Alton Kendrick Williams Jr  
1006 Pine Ave SW  
Live Oak FL 32060-9121

SENIOR WARDEN D

George Eugene Steele  
23185 104th St  
Live Oak FL 32060

JUNIOR WARDEN D

David Franklin Eure  
16157 8th Terr  
Live Oak FL 32060

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 3206014. I do 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, or on an attachment with an address.

SIGNATURE:

William L. Owen Sr.

2-24-97

904-362-2860

CR2E037 (9/96)