

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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
US

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220 OCEAN ST.
JACKSONVILLE FL 32202
US

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1992

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

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

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)

8000 G ST 32202-3

83

City

JACKSONVILLE FL 32202

84

City

JACKSONVILLE FL 32202

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/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

SWD

ALTON KENDRICK WILLIAMS JR

1006 PINE AVE. S.W.

LIVE OAK FL

JWD

POOLE, JERRY L

RT. 5 BOX 285

LIVE OAK FL 32060-9212

SD

OWEN, WILLIAM L SR

RT. 2 BOX 2

LIVE OAK FL 32060-3801

TD

JAMES EDWIN REWIS DR

740 DARROW AVE SE

LIVE OAK FL

SD

WILLIAM LESLIE OWEN SR

1310 E DUVAL STREET

LIVE OAK FL

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) X

George Eugene Steele

23185 104th St

Live Oak FL 32060

SECRETARY (D) X

William Leslie Owen Sr

1426 Duval St NE

Live Oak FL 32060

SENIOR WARDEN (D) X

David Franklin Eura

16157 8th Terr

Live Oak FL 32060

JUNIOR WARDEN (D) X

Ralph Lee Goodson

8882 217th Rd

Live Oak FL 32060

TREASURER (D) X

James Edwin Rewis Sr

740 Darrow Ave SE

Live Oak FL 32060

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, or on an attachment with an address.

SIGNATURE

William L Owen, Sr.

2-23-98

904-362-2862

CR2E037 (10/97)