FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # C10248

1. Corporation Name

HAYWARD LODGE NO. 45 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	
ROY CONNOR SHEPPARD	
220 OCEAN ST.	
JACKSONVILLE FL 32202	
l ue	

Malling Address

ROY CONNOR SHEPPARD 220 OCEAN ST.



04-14-1999 90161 001 *5,083.75



JACKSONVILL		JACKSONVILLE FL 32202) 100/08% (18) (19) 00/10 1/07) EXECT (U) 0/07) EXECT OTO EXECT OTO EXECT OTO EXECT OTO EXECT OF EXECUTE OTO EXECUTE EXECUTE OTO EXECUTE O
us		U\$			ì
2 2	No. 7 Decision	25 Ad-ilion Address			3. Date Incorporated or Qualifed
<u> </u>	Place of Business	2a. Mailing Address			06/30/1992
21		Suite, Apt. #, etc.		<u> .</u>	4. FEI Number Applied For
Suite, Apt.	#, etc.	 -			23-7526354 Not Applied For
22		27			
City & Star	t e	City & State		•	5. Certificate of Status Desired Fee Required
23	Country	Zip	Count		
Zip			_	uy .	6. Election Campaign Financing \$5.00 May Be
24	9. Name and Address of Curren	29 30	<u>'l</u>		10. Name and Address of New Registered Agent
<u> </u>	5. Name and Address of Curren	t Registered Agent	1,	1 Name	tar Halling and Modeland of Hast Madicanton Water
<u> </u>				(12	
	ID, ROY CONNOR		1	Street	Address (P.O. Box Number is Not Acceptable)
220 OCE			-	13	
JACKSON	IVILLE FL 32202			23	
			1	4 City	FL 85 Zip Code
11 Dumuent	to the provinces of Portions 617 050	2 and 617 1608 Elorida Statutes	the abo	hemen-ave	comporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State	of Florida. Such change was auth	orized	by the corpo	corporation submits this statement for the purpose of changing its registered cration's board of directors. I hereby accept the appointment as registered
agent. i a	am familiar with, and accept the obligation	tions of, Section 617.0503, Florida	a Statut	es.	1111
SIGNATURE	N/H				equired when reinstating) DATE
12.	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: Re	13.	gent algnature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	,	D DELETE	1.1 TITL		Change Addition
1 1/	WMD	OLCO			DENTIN WANDEM (D) / K -
NAME	STEELE, GEORGE EUGENE		1.2 NAM		Burney Allen Rotliff II
STREET ADDRESS			-	EET ADDRESS	P O Box 624 N/A
CITY-ST-ZIP	LIVE OAK FL 32060			-ST-ZIP`	- Live Oak FL 32064 - Chapge Addition
TITLE	SD	☐ DELETE	21 1111		Change Li Addition
NAME	OWEN, WILLIAM LESLIE SR.		2.2 NAM		JUNIOR WARDEN (D) 1
STREET ADDRESS	1426 DUVAL STREET N.E.		2.3 STR	EET ADDRESS	Samuel Roscoe Davis Jr
CITY-ST-ZIP	LIVE OAK FL 32060			-ST-ZIP	BBBB 145th POAD
TITLE	SWD	□ DELETE	3.1 TITL	E	LIVE DAK FL 32060
NAME	EURE, DAVID F		3.2 NAM	Ė .	
STREET ADDRESS			3.3 STR	EET ADDRESS	,
CITY-ST-ZIP	LIVE OAK FL 32060		3.4. CIT	-ST-ZIP	
TILE	JWD	DELETE	4.1 TITL	E	Change Addition
NAME	GOODSON, RALPH LEE	- / ·	4. 2 NAM	Æ.	- <u>-</u>
STREET ADDRESS			4.3 STR	ET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060		4.4 CITY	-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITL		☐ Change ☐ Addition
NAME	REWIS, JAMES EDWIN SR.		5.2 NAM	E	
STREET ADDRESS	740 DARROW AVE SE		5.3 STR	EET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL 32060		5.4 CITY	-ST-2IP	
TITLE	LIVE OVIL LE VEUVU	☐ DELETE	6.1 TITL	Ē	☐ Change ☐ Addition
NAME			B.2 NAM	E	_
1]			EET ADDRESS	
STREET ADDRESS	1			OT TID	

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, with all other like empowered.

SIGNATURE: