

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90035 002 ****61.25

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DOCUMENT # C10248 1. Entity Name HAYWARD LODGE NO. 45 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7526354	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD		TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOWELL, MURL ROY		NAME	Famous Robert Brown	
STREET ADDRESS	11288 235TH DR.		STREET ADDRESS	20145 104th St	
CITY-ST-ZIP	LIVE OAK, FL 320605731		CITY-ST-ZIP	Live Oak FL 32060-5784	
TITLE	JW		TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERVIN WALKER, FRANKLIN JR.		NAME	Franklin Ervin Walker Jr	
STREET ADDRESS	11434 227ND PLACE		STREET ADDRESS	11434 227th Pl	
CITY-ST-ZIP	LIVE OAK, FL 320605723		CITY-ST-ZIP	Live Oak FL 32060-5723	
TITLE	S		TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EUGENE STEELE, GEORGE		NAME	Wendell Ray Rousen	
STREET ADDRESS	23185 104TH ST.		STREET ADDRESS	10035 105th Dr	
CITY-ST-ZIP	LIVE OAK, FL 320605834		CITY-ST-ZIP	Live Oak FL 32060-6918	
TITLE	T		TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACH, ROBERT F		NAME	Donald Dean Mott	
STREET ADDRESS	22925 104TH ST		STREET ADDRESS	23110 102nd Pl	
CITY-ST-ZIP	LIVE OAK, FL 32060		CITY-ST-ZIP	Live Oak FL 32060-5822	
TITLE			TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Murl Roy Howell	
STREET ADDRESS			STREET ADDRESS	11288 235th Dr	
CITY-ST-ZIP			CITY-ST-ZIP	Live Oak FL 32060-5731	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. <i>Donald D. Mott</i>					
SIGNATURE: <i>Donald D. Mott</i> 4-6-05 386-658-1355					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					