
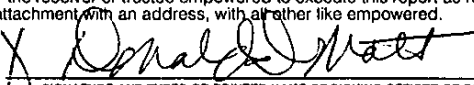


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90037 014 ****61.25

DOCUMENT # C10248 1. Entity Name HAYWARD LODGE NO. 45 FREE AND ACCEPTED MASON 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 23-7526354	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
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  DATE 3/10/08 <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, 2008			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					
TITLE	SWD WILLIAMS, ALTON K JR 8639 133RD LN LIVE OAK, FL 320608837	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	WMD RAUSCH, WENDELL RAY 10035 105TH DR LIVE OAK, FL 320606918	<input checked="" type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	JWD HARRIS, BRODY C III 9003 141ST DR LIVE OAK, FL 320606352	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	S MOTT, DONALD DEAN 23110 102ND PL LIVE OAK, FL 320605922	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	T HOWELL, MURL ROY 11288 235TH DR LIVE OAK, FL 320605731	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	JUNIOR WARDEN Robert Lee Gentry 6443 161st Rd LIVE OAK FL 32060-7634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE:  3-5-08 386-658-1355 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					