2008 NOT-FOR-PROFIT CORPORATION

Apr 18, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #C10254** 04-18-2008 90024 044 ****61.25 HYDÉ PARK LODGE NO. 370 FREE AND ACCEPTED MASONS OF FLORIDA Mailing Address Principal Place of Business 220 OCEAN ST 220 OCEAN ST JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01222008 Chg-NP CR2E037 (12/06) City & State Applied For 4. FEI Number 51-0171985 City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lynn, Richard Edward SHEPPARD, ROY CONNOR 220 Ocean Street Not For 1980 220 OCEAN ST JACKSONVILLE, FL 32202 Jacksonville, Florida 32202 j., î., 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. 3/30/05 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Defete TITLE ☐ Change ☐ Addition TITLE SPARKS, DAVID F NAME NAME STREET ADDRESS 576 OAKMONT DR STREET ADDRESS CITY-ST-ZIP **ORANGE PARK, FL 320731703** CITY-ST-ZIP SENIOR WARDEN TITLE [] Change TITI F Delete ACKLEY, GEORGE M NAME NAME David Frederick Sparks Jr STREET ADDRESS 1955 JAMMES RD STREET ADDRESS 7532 Warhawk Rd CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 322102871 Jacksonville_FL_32221-8041 (D) Change Addition Delete TITLE TITLE JUNIOR WARDEN NAME WILSON, WILLIAM L NAME Walter Darrell Boone 5122 BIRKENHEAD RD STREET ADDRESS STREET ADDRESS 1540 Montrose Ave E CITY-ST-7IP JACKSONVILLE, FL 322104002 CITY-ST-ZIP docksonville-FL-32210-i154-Addition Delete TITLE TITLE (D) TREASURER STRAINING, DAVID F NAME NAME Carroll Alan McQuaig STREET ADDRESS 7427 AMANDAS CROSSING DR. N. STREET ADDRESS 5615 Catoma St JACKSONVILLE, FL 322446622 CITY-ST-ZIP CITY-ST-ZIP Jacksonv:11e FL 32244-2247. ☐ Addition Delete TITLE TITLE FIELDS, FLOYD C NAME NAME 331 BLAKE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

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 all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

FILED