FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10329 (6)

1. Corporation Name

NORTHWEST FLORIDA LODGE NO. 351 FREE AND ACCEPTE D MASONS OF FLORIDA

DO NOT WRITE IN THIS SPACE 800001484688
-05/11/95--01098--004
***2600.00 04/28/1994 30.00

Principal Place of Business	Mailing Address
C/O WILLIAM G. WOLF 220 OCEAN ST. JACKSONVILLE FL 32202	C/O WILLIAM G. WOLF 220 OCEAN ST. JACKSONVILLE FL 32202

3. Date Incorporated or Qualified: 06/30/1992 — Prior Date of Last Report: 04/28/1994
4. FEI Number: 23-7206204 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLF, WILLIAM G. 220 OCEAN STREET JACKSONVILLE FL 32202	61 SHEPPARD, ROY CONNOR 62 220 OCEAN STREET 63 JACKSONVILLE FL 32202 64

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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: G. Connor Sheppard — 5/6/95
Signature of or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	WM	11 TITLE	WORSHIPFUL MASTER/D
NAME	AMERSON, OLIVER P JR	12 NAME	OLIVER PETER AMERSON JR
STREET ADDRESS	4151 W HWY 4	13 STREET ADDRESS	4151 W. HWY. 4
CITY-ST-ZIP	BRATT FL	14 CITY-ST-ZIP	BRATT FL 32535-2631
TITLE	S	21 TITLE	SECRETARY/D
NAME	GENTRY, THOMAS G	22 NAME	THOMAS GARLAND GENTRY
STREET ADDRESS	3730 LAMBERT BRIDGE RD	23 STREET ADDRESS	3730 LAMBERT BRIDGE RD.
CITY-ST-ZIP	WALNUT HILL FL	24 CITY-ST-ZIP	WALNUT HILL FL 32568-9714
TITLE	SW	31 TITLE	SENIOR WARDEN/D
NAME	WEARREN, PELLER L	32 NAME	ALVIS EDWARD LEDKINS
STREET ADDRESS	3680 ASHCRAFT RD	33 STREET ADDRES	5060 WEST HWY 4
CITY-ST-ZIP	CENTURY FL	34 CITY-ST-ZIP	CENTURY FL 32535-2536
TITLE	JW	41 TITLE	JUNIOR WARDEN/D
NAME	LEDKINS, ALVIS E	42 NAME	ROBERT EDWARD LEOKINS
STREET ADDRESS	5060 WEST HWY 4	43 STREET ADDRESS	5984 CRABTREE CHURCH RD
CITY-ST-ZIP	CENTURY FL	44 CITY-ST-ZIP	CANTONMENT FL 32533-9802
TITLE	T	51 TITLE	TREASURER/D
NAME	DARBY, WILLIAM T	52 NAME	AUBREY RAY HARRELL
STREET ADDRESS	4350 GOBBLER RD	53 STREET ADDRESS	RT 4 BOX 435-A
CITY-ST-ZIP	CENTURY FL	54 CITY-ST-ZIP	ATMORE AL 36502-9161
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/1/95 MB

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added by an attachment with the address.

SIGNATURE: Oliver P. Amerson — 4/1/95 — (904) 354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6001007