FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # C10329 (6)

1. Corporation Name

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

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
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21: Roy Connor Sheppard; 22 Suite, Apt. #, etc.; 23 City & State; 24 Zip; 25 Country

2a. Mailing Address — 26: Roy Connor Sheppard; 27 Suite/Apt. #, etc.; 28 City & State; 29 Zip; 30 Country

4. FEI Number: 23-7208204 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: By Connor Sheppard — DATE: 2/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	WMD	☐ DELETE	
NAME	AMERSON, OLIVER P JR		
STREET ADDRESS	4151 W HWY 4		
CITY-ST-ZIP	BRATT FL		
TITLE	SD	☐ DELETE	
NAME	GENTRY, THOMAS G		
STREET ADDRESS	3730 LAMBERT BRIDGE RD		
CITY-ST-ZIP	WALNUT HILL FL		
TITLE	SW	☐ DELETE	
NAME	LEDKINS, ALVIS E		
STREET ADDRESS	5060 WEST HWY 4		
CITY-ST-ZIP	CENTURY FL 32535-2536		
TITLE	JWD	☐ DELETE	
NAME	LEDKINS, ROBERT E		
STREET ADDRESS	5984 CRABTREE CHRUCH RD.		
CITY-ST-ZIP	CANTONMENT FL 32533-9802		
TITLE	TD	☐ DELETE	
NAME	HARRELL, AUBREY R		
STREET ADDRESS	RT. 4 BOX 435-A		
CITY-ST-ZIP	ATMORE AL 36502-9161		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

WORSHIPFUL MASTER (D)
ROBERT EDWARD LEDKINS
5984 CRABTREE CHURCH RD
CANTONMENT FL 32533-9802

SENIOR WARDEN (D)
ALVIS EDWARD LEDKINS
5060 WEST HWY 4
CENTURY FL 32535-2536

JUNIOR WARDEN (D)
JACOB EZRA GILLEY
6220 NORTH PINE BARREN RD
CENTURY FL 32535-2134

TREASURER (D)
ROBERT LEON STEWART SR
4501 W STATE LINE RD
CENTURY FL 32535-2027

SECRETARY (D)
THOMAS GARLAND GENTRY
3730 LAMBERT BRIDGE RD.
WALNUT HILL FL 32568-9714

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qu... certify that the information indicated on this annual report or supplemental annual report is true and ac... 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.

SIGNATURE: X Robert E. Ledkins — 2-27-96 — 904-587-2608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROBERT E. LEDKINS