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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:13

DOCUMENT # C92000000011 (1)

1. Corporation Name

LIVE OAK COUNCIL NO. 16, ROYAL AND SELECT MASTER S

Principal Place of Business	Mailing Address
MASONIC TEMPLE ROCKY SINK. APPROXIMATLEY 9 MILES W. OF L.O. ROCKY SINK CHURCH RD. LIVE OAK FL 32060	VICTOR E. CANNON RT. 2 BOX 292 LIVE OAK FL 32060-9684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1953
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-3187944 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 MAYO MASONIC LODGE Suite, Apt. #, etc. 22 US 27 E City & State 23 MAYO, FL Zip 24 32066 Country 25 USA	2a. Mailing Address 26 JAMES S. FOSTER Suite, Apt. #, etc. 27 P.O. Box 1691 City & State 28 MAYO, FLORIDA Zip 29 32066 Country 30 USA

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

CANNON, VICTOR E.
RT. 2 BOX 292, SKEEN RD
LIVE OAK FL 3

10. Name and Address of New Registered Agent

81 Name: JAMES S. FOSTER
82 Street Address (P.O. Box Number is Not Acceptable): 913 CENTRAL AVE E
83
84 City: STEINHATCHEE FL 85 Zip Code: 32359

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: James S. Foster JAMES S. FOSTER - RECORDER 2/9/95
Signature, typed 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	DIM	1.1 TITLE	DM	☒ Change ☐ Addition
NAME	CANNON, VICTOR E	1.2 NAME	THOMPSON, TROY JAMES L.	
STREET ADDRESS	RT 2 BOX 292	1.3 STREET ADDRESS	RT 3 Box 592	
CITY-ST-ZIP	LIVE OAK FL 32060-9684	1.4 CITY-ST-ZIP	MAYO, FL 32066	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MOCK, DONALD	2.2 NAME	CAUSEY, REYNOLD	
STREET ADDRESS	103 EL MATADOR	2.3 STREET ADDRESS	P.O. Box 43 M/A	
CITY-ST-ZIP	PERRY FL 32347	2.4 CITY-ST-ZIP	DAY, FL 32013	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	ROONEY, RICHARD E	3.2 NAME	RANDY WARE	
STREET ADDRESS	115 WEST DADE	3.3 STREET ADDRESS	RT 1 Box 618	
CITY-ST-ZIP	MADISON FL 32340	3.4 CITY-ST-ZIP	BRANFORD, FL 32008-9772	
TITLE	T	4.1 TITLE	T	☒ Change ☐ Addition
NAME	TEAGLE, I R	4.2 NAME	MOCK, DONALD	
STREET ADDRESS	509 S PINE AVE	4.3 STREET ADDRESS	103 EL MATADOR	
CITY-ST-ZIP	LIVE OAK FL 32060	4.4 CITY-ST-ZIP	PERRY, FL 32347	
TITLE	R	5.1 TITLE	R	☒ Change ☐ Addition
NAME	REES, HERBERT J	5.2 NAME	FOSTER, JAMES S.	
STREET ADDRESS	P.O. BOX 205 N/A	5.3 STREET ADDRESS	913 CENTRAL AVE E	
CITY-ST-ZIP	LIVE OAK FL 32060	5.4 CITY-ST-ZIP	STEINHATCHEE, FL 32359	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: James S. Foster - JAMES S. FOSTER - RECORDER 2/9/95 904-1198-0317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022327