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 APR 24 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002536 (0)**

1. Corporation Name

THE MASONIC CHARITIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
220 OCEAN STREET JACKSONVILLE FL 32202	220 OCEAN STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report:
4. FEI Number: 59-3271856 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status X **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WOLF, WILLIAM G
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 NP SHEPPARD, ROY CONNOR
82 SI 220 OCEAN STREET
83 JACKSONVILLE FL 32202
84 C

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 [signature] 2/6/95
Signature required 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	D	11 TITLE	GRAND MASTER/D	☐ Change ☐ Addition
NAME	FOWLER, JOSEPH C	12 NAME	Wallace L. Dawson	
STREET ADDRESS	220 OCEAN STREET	13 STREET ADDRESS	220 Ocean Street	
CITY-ST-ZIP	JACKSONVILLE FL 32202	14 CITY-ST-ZIP	Jacksonville FL 32202	
TITLE	D	21 TITLE	DEPUTY GRAND MASTER/D	☐ Change ☐ Addition
NAME	DAWSON, WALLACE L	22 NAME	John R. Thomas	
STREET ADDRESS	220 OCEAN STREET	23 STREET ADDRESS	220 Ocean Street	
CITY-ST-ZIP	JACKSONVILLE FL 32202	24 CITY-ST-ZIP	Jacksonville 32202	
TITLE	D	31 TITLE	SENIOR GRAND WARDEN/D	☐ Change ☐ Addition
NAME	THOMAS, JOHN R	32 NAME	MICHAEL A. PADRON, JR.	
STREET ADDRESS	220 OCEAN STREET	33 STREET ADDRESS	220 OCEAN STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32202	34 CITY-ST-ZIP	Jacksonville FL 32202	
TITLE	D	41 TITLE	JUNIOR GRAND WARDEN/D	☐ Change ☐ Addition
NAME	PACKRON, MICHAEL A JR	42 NAME	Samuel E. Cowan	
STREET ADDRESS	220 OCEAN STREET	43 STREET ADDRESS	220 Ocean Street	
CITY-ST-ZIP	JACKSONVILLE FL 32202	44 CITY-ST-ZIP	Jacksonville FL 32202	
TITLE	D	51 TITLE	GRAND TREASURER/D	☐ Change ☐ Addition
NAME	RHODES, BILLY	52 NAME	Billy Rhodes	
STREET ADDRESS	220 OCEAN STREET	53 STREET ADDRESS	220 Ocean Street	
CITY-ST-ZIP	JACKSONVILLE FL 32202	54 CITY-ST-ZIP	Jacksonville FL 32202	
TITLE	D	61 TITLE	GRAND SECRETARY/D	☐ Change ☐ Addition
NAME	WOLF, WILLIAM G	62 NAME	Roy Connor Sheppard	
STREET ADDRESS	220 OCEAN STREET	63 STREET ADDRESS	220 Ocean Street	
CITY-ST-ZIP	JACKSONVILLE FL 32202	64 CITY-ST-ZIP	Jacksonville FL 32202	

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)(k), 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: X [signature] 4-5-95 (813) 542-3539
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR Date Daytime Phone #

000A170