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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N94000002536 (0)

1. Corporation Name

THE MASONIC CHARITIES OF FLORIDA, INC.

Principal Place of Business: ROY CONNOR SHEPPARD, JACKSONVILLE FL 32202, US

Mailing Address: 220 OCEAN STREET, JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified: 05/16/1994
3a. Date of Last Report: 02/26/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 220 Ocean St.
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNER
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 [signature] (NOTE: Registered Agent signature required when reinstating) DATE 2/26/97

12. OFFICERS AND DIRECTORS

Field	Value	
TITLE	GMD	☐ DELETE
NAME	THOMAS, JOHN R.	
STREET ADDRESS	220 OCEAN STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DGMD	☐ DELETE
NAME	PADRON, MICHAEL A. JR	
STREET ADDRESS	220 OCEAN STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	☐ DELETE
NAME	COWAN, SAMUEL E. III	
STREET ADDRESS	220 OCEAN STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	COUTURE, JACQUE A.	
STREET ADDRESS	220 OCEAN STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	GTD	☐ DELETE
NAME	CROWTHER, ROY J.	
STREET ADDRESS	220 OCEAN STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	GSD	☐ DELETE
NAME	SHEPPARD, ROY CONNOR	
STREET ADDRESS	220 OCEAN STREET	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Value	
1.1 TITLE	GM D	☐ Change ☐ Addition
1.2 NAME	PADRON, MICHAEL A. JR	
1.3 STREET ADDRESS	3728 PAULA AVENUE	
1.4 CITY-ST-ZIP	KEY WEST FL	
2.1 TITLE	DGM D	☐ Change ☐ Addition
2.2 NAME	COWAN, SAMUEL E.	
2.3 STREET ADDRESS	5825 BUCKLEY COURT	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL	
3.1 TITLE	SGW D	☐ Change ☐ Addition
3.2 NAME	COUTURE, JACQUE A.	
3.3 STREET ADDRESS	6318 ANDREA BLVD	
3.4 CITY-ST-ZIP	ORLANDO, FL	
4.1 TITLE	JGW D	☐ Change ☐ Addition
4.2 NAME	DEAN, KEITH W.	
4.3 STREET ADDRESS	2908 LAUREL STREET W	
4.4 CITY-ST-ZIP	TAMPA, FL	
5.1 TITLE	TREAS D	☐ Change ☐ Addition
5.2 NAME	CROWTHER, J. ROY	
5.3 STREET ADDRESS	1715 CHALLEN AVENUE	
5.4 CITY-ST-ZIP	JACKSONVILLE, FL	
6.1 TITLE	SEC D	☐ Change ☐ Addition
6.2 NAME	SHEPPARD, ROY C	
6.3 STREET ADDRESS	220 OCEAN ST	
6.4 CITY-ST-ZIP	JACKSONVILLE, FL	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: [signature] Roy Connor Sheppard 2/26/97 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0004380