2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 20, 2004 8:00 am **Secretary of State** DOCUMENT # N94000002536 02-20-2004 90008 042 ****70.00 THE MASONIC CHARITIES OF FLORIDA, INC. Principal Place of Business Mailing Address 220 OCEAN ST 220 OCEAN STREET 24013309 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052004 Chq-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-3271856 Not Applicable Zip Country Ziρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEPPARD, ROY CONNER Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET JACKSONVILLE, FL 32202 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. D ☐ Detete TITLE Director ☐ Change XX Addition TITLE GIVENS, JOHN R NAME John F. Kavanaugh NAME 740 E. Cornell Street STREET ADDRESS STREET ADDRESS 1000 W 12TH COURT CITY-ST-ZIP PANAMA CITY, FL 32401 CITY-ST-ZIP Avon Park, FL 33825-4414 Delete TITLE TITLE Director ☐ Change **X X** Addition NAME GONZALEZ JR, C EDWARD NAME Robert D. Trump 14834 SW 67TH LANE STREET ADDRESS STREET ADDRESS 114 Cow Creek Court CITY-ST-ZIP N MIAMI, FL 33193 CITY-ST-7IP East Palatka, FL 32131 ☐ Delete TITLE ☐ Change ☐ Addition COFFMAN, ELMER G NAME NAME 2819 NAVAJO RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 320656817 CITY-ST-ZIP ☐ Change **X** Delete ☐ Addition TITI F DURHAM, JAMES A JR NAME PO BOX 6 N/A STREET ADDRESS STREET ADORESS CITY-ST-ZIP VALPARAISO, FL 325800006 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE CROWTHER, ROY J. NAME NAME STREET ADDRESS STREET ADDRESS 1715 CHALLEN AVENUE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL SD Delete TITLE Change Addition TITLE SHEPPARD, ROY CONNOR NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachm er like **e**mpowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

220 OCEAN ST

JACKSONVILLE, FL

OCCONNOT Sheppard, Grand Secretary SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04 904-354-2339 Date Davima Phone 6

FILED