


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90123 020 ****61.25

DOCUMENT # C10021					
1. Entity Name HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7526466	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	WM	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Addition
NAME	PORTER, THOMAS LEE		NAME	Helvio Artrogildo Napoleão	
STREET ADDRESS	117 N 18TH STREET		STREET ADDRESS	38 W Ridge Rd	
CITY-ST-ZIP	HAINES CITY, FL 338444803		CITY-ST-ZIP	Davenport FL 33837-9735	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON RACHEL, JAMES		NAME	James Ellison Rachel	
STREET ADDRESS	1020 KENTUCKY ST		STREET ADDRESS	1020 Kentucky St	
CITY-ST-ZIP	HAINES CITY, FL 338449748		CITY-ST-ZIP	Haines City FL 33844-2600	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN SMITH, LEONARD J		NAME	Leonard J Allen Smith	
STREET ADDRESS	423 JEREMY DRI		STREET ADDRESS	423 Jeremy Dr	
CITY-ST-ZIP	DAVENPORT, FL 338379366		CITY-ST-ZIP	Davenport FL 33837-9366	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, OLIVER L JR		NAME	Robert D Glenin	
STREET ADDRESS	1636 LEHALL SQUARE SOUTH		STREET ADDRESS	25 Ranch Trails Rd	
CITY-ST-ZIP	LAKELAND, FL 33810		CITY-ST-ZIP	Haines City FL 33844-9748	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, OLIVER LEROY JR.		NAME	Thomas Lee Porter	
STREET ADDRESS	1636 LEHALL SQUARE SOUTH		STREET ADDRESS	117 N 18th St	
CITY-ST-ZIP	LAKELAND, FL 338101406		CITY-ST-ZIP	Haines City FL 33844-4803	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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 trustee 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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Thomas Porter</i>		Date: <i>3/28/05</i> Daytime Phone #: <i>528-4001</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					