

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # C10073 (0)

1. Corporation Name

JAY LODGE NO. 176 FREE AND ACCEPTED MASONS OF FL  
ORIDA



Principal Place of Business

Mailing Address

~~PO BOX 200~~

~~PO BOX 200~~

~~JAY FL 32565~~

~~JAY FL 32565~~

~~US~~

~~US~~

3. Date Incorporated or Qualified  
06/30/1992

3a. Date of Last Report  
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Roy Connor Sheppard

26 Roy Connor Sheppard

4. FEI Number  
59-1838921

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 220 Ocean St

27 220 Ocean St.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Jacksonville FL

28 Jacksonville FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 32202

25

29 32202

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FREEMAN, GLEN D~~  
~~110 WILLIAMS AVE.~~  
~~JAY FL 32565~~

81 Name

Roy Connor Sheppard

82 Street Address (P.O. Box Number is Not Acceptable)

220 Ocean St.

83

84 City

Jacksonville

FL

85 Zip Code

32202

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/16/96

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE WM ☐ DELETE

NAME FREEMAN, GLEN D  
STREET ADDRESS 119 WOODMERE DR.  
CITY-ST-ZIP BREWON AL

TITLE SW ☐ DELETE

NAME SMITH, JOHN D.  
STREET ADDRESS RT 3 BOX 413  
CITY-ST-ZIP JAY FL

TITLE TD ☐ DELETE

NAME WEEKES, JACK A.  
STREET ADDRESS P O BOX 261 N/A  
CITY-ST-ZIP JAY FL

TITLE SD ☐ DELETE

NAME HARRISON, ALTON A  
STREET ADDRESS P O BOX 206 N/A  
CITY-ST-ZIP JAY FL

TITLE D ☐ DELETE

NAME BALLARD, J.W. S  
STREET ADDRESS RT. 1 BOX H22  
CITY-ST-ZIP JAY FL 32565

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

WORSHIPFUL MASTER (D)  
WILLIAM LEE CANNON  
4931 CURT LN  
JAY FL 32565

SENIOR WARDEN (D)  
SILAS LEONARD BALLARD  
RT. 1 BOX 429  
JAY FL 32565-9741

JUNIOR WARDEN (D)  
MARSHALL LLOYD HUDSON  
4204 MORRISTOWN ROAD  
JAY FL 32565

TREASURER (D)  
JACK AUSTIN WEEKES  
P. O. BOX 261 N/A  
JAY FL 32565-0261

SECRETARY (D)  
DAVID GLENN WHITE  
P.O. BOX 887 N/A  
PENSACOLA FL 32594-0887

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 19.07(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:

Jack A. Weeks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-96

Date

904-625-6255

Daytime Phone #