


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90303 049 ****61.25

DOCUMENT # C10075

1. Entity Name
FRANCIS T. HURLBERT LODGE NO. 259 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business
**C/O ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE, FL 32202 US**

Mailing Address
**C/O ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE, FL 32202 US**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
59-1688795

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

02072006 Chg-NP CR2E037 (11/05)



6. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR
 220 OCEAN ST
 JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | | 11. DIRECTORS IN 10 | | | |
|----------------------------|------------------------------|--|----------------------------|---------------------------------|--|--|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete | TREASURER (D) | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | | |
| NAME | CARTER, WAYNE | | Robert Loren Young | | | | |
| STREET ADDRESS | 1280 GOVERNOR CREEK DR | | 4621 W Castlewood Dr | | | | |
| CITY-ST-ZIP | GREEN COVE SPRINGS, FL 32043 | | Jacksonville FL 32206-6129 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | COLLINS, BARRY A | | | | | | |
| STREET ADDRESS | 4141 PITTMAN DR | | | | | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 | | | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | KIRKLAND, WILLIAM E | | | | | | |
| STREET ADDRESS | 258 MERCURY DR | | | | | | |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 | | | | | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | SECRETARY (D) | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | | |
| NAME | MCGINLEY, MICHAEL T | | Ronald Weldon Wilson | | | | |
| STREET ADDRESS | 1363 WELLS RD | | 12081 Simmons Rd | | | | |
| CITY-ST-ZIP | ORANGE PARK, FL 32073 | | Jacksonville FL 32218-7517 | | | | |
| TITLE | | <input type="checkbox"/> Delete | JUNIOR WARDEN (D) | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | | |
| NAME | | | Carl Vincent Orr | | | | |
| STREET ADDRESS | | | 2142 Plainfield Ave | | | | |
| CITY-ST-ZIP | | | Orange Park FL 32073-5442 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | | | | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ronald Weldon Wilson* **Ronald Weldon Wilson** **4/3/06** **904-354-3045**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #