

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90047 008 \*\*\*\*61.25

**DOCUMENT # C10091**

1. Entity Name  
**DUNNELLON LODGE NO. 136 FREE AND ACCEPTED  
MASONS OF FLORIDA**



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

Mailing Address  
**C/O 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

Zip

Country

Zip

Country

03182004

Chg-NP

CR2E037 (10/03)

4. FEI Number  
**23-7178744**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
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

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  
Due by May 1, 2004

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SWD  
HEAD, LEAVENE F  
11647 N. DORAN TERR.  
DUNNELLON, FL 344332630** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WMD  
KINSER, THOMAS D  
7360 SW 199 TERRACE  
DUNNELLON, FL 34431** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
KUSIAK, JOSEPH E  
5300 SW 176 AVE.  
DUNNELLON, FL 34432** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
JONES, RALPH D  
8858 SW 194TH CT.  
DUNNELLON, FL 344322794** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
Leavene Frederick Head  
11647 N Doran Terr  
Dunnellon FL 34433-2630**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SENIOR WARDEN (D) ☐ Change ☒ Addition  
Randy Duane Wilkey  
5950 W Dunklin St  
Dunnellon FL 34433-5518**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JUNIOR WARDEN (D) ☐ Change ☒ Addition  
Steed Derwin Sall  
506 S E 40TH TERRACE  
OCALA FL 34471-3138**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY (D) ☒ Change ☐ Addition  
Thomas Darnell Kinser  
7360 SW 199 Terrace  
Dunnellon FL 34431-5138**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: Ralph D. Jones **RALPH D. JONES** 4/7/04 352-489-8231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #