

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-12-2005 90125 049 ****61.25

DOCUMENT # C10141 1. Entity Name VERNON LODGE NO. 164 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7526436	
				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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORTHIPPUL MASTER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STERLING HOWELL, JAMES		NAME	John White Worthington	
STREET ADDRESS	3991 DORCH CIRCLE		STREET ADDRESS	4840 Creek Rd	
CITY-ST-ZIP	VERNON, FL 324623120		CITY-ST-ZIP	Vernon FL 32462-3008	
TITLE	SWD	<input type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUNCAN ANDERSON, HORACE		NAME	Horace Duncan Anderson	
STREET ADDRESS	4752 SMITH RD		STREET ADDRESS	4752 Smith Rd	
CITY-ST-ZIP	VERNON, FL 32462		CITY-ST-ZIP	Vernon FL 32462-3047	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PORTER, CURTIS JR.		NAME	David Courtland Sims	
STREET ADDRESS	5689 DOUGLAS FERRY RD		STREET ADDRESS	2108 Caney Branch Rd	
CITY-ST-ZIP	CARYVILLE, FL 324272343		CITY-ST-ZIP	Bonifay FL 32425-7240	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	RAY SMITH, DONALD		NAME		
STREET ADDRESS	4840 SMITH ROAD		STREET ADDRESS		
CITY-ST-ZIP	VERNON, FL 324623075		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEVON WARD, OSCAR		NAME	Lewis Darrell Porter	
STREET ADDRESS	P.O. BOX 367		STREET A	5689 Douglas Ferry Rd	
CITY-ST-ZIP	VERNON, FL 324620367		CITY-ST-	Caryville FL 32427-2343	
TITLE			TITLE		
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>Donald R. Smith</i> Donald R. Smith <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			April 6, 2005 904-354-2339 <small>Date Daytime Phone #</small>		