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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10143** (1)

1. Corporation Name

DIXIE LODGE NO. 109, FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD
JACKSONVILLE FL 32202
US**

**ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE FL 32202**

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-1652886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 **220 Ocean St.**
23 City & State

26 Suite, Apt. #, etc.
27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

100002486161

83 -04/13/98--01018--026

84 City *****5083.75**

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FORD, STEPHEN LAMAR**
STREET ADDRESS **RT 1 BOX 144H**
CITY-ST-ZIP **BRISTOL FL**

TITLE **D** ☐ DELETE
NAME **MORRIS, JEFFREY SCOTT**
STREET ADDRESS **PO BOX 693 N/A**
CITY-ST-ZIP **BRISTOL FL**

TITLE **D** ☐ DELETE
NAME **MAYO, GREGORY ALLEN**
STREET ADDRESS **PO BOX 66 N/A**
CITY-ST-ZIP **CLARKSVILLE FL**

TITLE **D** ☐ DELETE
NAME **MAYO, JAMES CLIFFORD**
STREET ADDRESS **PO BOX 66 N/A**
CITY-ST-ZIP **CLARKSVILLE FL**

TITLE **D** ☐ DELETE
NAME **SHERROD, CHARLES GORDON**
STREET ADDRESS **RT 1 BOX 458A**
CITY-ST-ZIP **BLOUNTSTOWN FL**

TITLE **SD** ☐ DELETE
NAME **SHERROD, CHARLES GORDON**
STREET ADDRESS **RT 1 BOX 458A**
CITY-ST-ZIP **BLOUNTSTOWN FL**

13. WORSHIPFUL MASTER (D) ☐ ☒ Change ☐ Addition

1.1 Jeffery Scott Morris
1.2 P. O. Box 693 N/A
1.3 Bristol FL 32321

1.4 SECRETARY (D) ☒ Change ☐ Addition

2. Freddie Lenton Glass
2. 208 Morningside Cir
2. Blountstown FL 32424

2.3 SENIOR WARDEN (D) ☒ Change ☐ Addition

3. Gregory Allen Mayo
3. 1214 Maine Ave
3. Lynn Haven FL 32444

4. JUNIOR WARDEN (D) ☒ Change ☐ Addition

4. Brigham Samuel Shuler
4. Rt 3 Box 365
4. Bristol FL 32321

5. TREASURER (D) ☒ Change ☐ Addition

5. James Clifford Mayo
5. Po Box 66 N/A
5. Clarksville FL 32430-0066

6.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Freddie Lenton Glass
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004051

CR2E037 (10/97)