


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90278 001 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # C10143</b>  |  |
| 1. Entity Name<br><b>DIXIE LODGE NO. 109, FREE AND ACCEPTED MASONS OF FLORIDA</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>ROY CONNOR SHEPPARD<br/>220 OCEAN ST.<br/>JACKSONVILLE, FL 32202 US</b> | Mailing Address<br><b>ROY CONNOR SHEPPARD<br/>220 OCEAN ST.<br/>JACKSONVILLE, FL 32202 US</b> |
|---|---|

**50006115**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

02022006 Chg-NP CR2E037 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-1652886</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |  |          |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent                         |  | 7. Name and Address of New Registered Agent        |          |
| <b>SHEPPARD, ROY CONNOR<br/>220 OCEAN ST<br/>JACKSONVILLE, FL 32202</b> |  | Name   |          |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |          |
|   |  | City   |          |
|   |  | <b>FL</b>  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FRYE, HALLEY H<br>P O BOX 165<br>BLOUNTSTOWN, FL 32424 <input checked="" type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | WORSHIPFUL MASTER (D)<br>Russell Hertz Edenfield<br>8034 NW River Road<br>Bristol FL 32321 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>KILLINGSWORTH, JAMES L<br>12153 SW COUNTY RD 275<br>BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | JUNIOR WARDEN (D)<br>Johnny Lee Graham<br>16122 NW Willard Smith Rd<br>Blountstown FL 32424-4836 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | JWD<br>KILLINGSWORTH, JAMES LLOYD<br>12153 SW CR 275<br>BLOUNTSTOWN, FL 324245323 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>EGAN, JAN C<br>705 FLAMINGO RD<br>MARIANNA, FL 32448 <input type="checkbox"/> Delete                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>BRAMBLETT, LESTER B<br>P.O. BOX 56<br>BRISTOL, FL 32321 <input type="checkbox"/> Delete                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>AULTMAN, JAMES D<br>23494 NW H G MCCLELLAN RD<br>BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>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:**

*James Killingsworth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-9-06** **850-674-8585**  
Date Daytime Phone #