

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90476 037 \*\*\*\*61.25

DOCUMENT # C10156



1. Entity Name  
MARION-DUNN LODGE NO. 19 FREE AND ACCEPTED  
MASONS OF FLORIDA

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

Mailing Address  
C/O ROY CONNER SHEPPARD  
220 OCEAN ST  
JACKSONVILLE, FL 32202

94065764



|                                |         |                     |         |  |  |
|--------------------------------|---------|---------------------|---------|--|--|
| 2. Principal Place of Business |         | 3. Mailing Address  |         | 02112004 Chg-NP CR2E037 (10/03)  |  |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         | 4. FEI Number<br>59-1381586  |  |
| City & State                   |         | City & State        |         | Applied For<br>Not Applicable  |  |
| Zip                            | Country | Zip                 | Country | 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<br>220 OCEAN ST<br>JACKSONVILLE, FL 32202 |  |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |                                |  |
|---|---|--------------------------------|--|
| Filing Fee is \$61.25<br>Due by May 1, 2004 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>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 | WMD<br>HERREN, SAMUEL W JR<br>P.O. BOX 1334<br>OCALA, FL 344781334 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Gregory Jeff Wilson<br>2701 NE 63rd St<br>Ocala FL 34479-1883 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>WILSON, PAUL E JR<br>604 SE 51ST AVE<br>OCALA, FL 344713387 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>David Lewis McConnell<br>15 Teak Course<br>Ocala, Fl. 34472       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>JEFFCOAT, HOWARD T<br>P O BOX 744 N/A<br>OCALA, FL 344780744 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Ladd Gene Poehlman<br>200 N W 47TH PLAGE<br>OCALA FL 34475-9510   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SWD<br>WILSON, GREGORY JEFF<br>2701 NE 63RD ST<br>OCALA, FL 34479 <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | JWD<br>MCCONNELL, DAVID LEWIS<br>15 TEAK COURSE<br>OCALA, FL 34472 <del>DELETE</del>                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: Howard T. Jeffcoat *Howard T. Jeffcoat* 4/10/04 984-354-2339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #