

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90256 001 ****61.25

DOCUMENT # C10157

1. Entity Name
ORLANDO LODGE NO. 69 FREE AND ACCEPTED
MASONS OF FLORIDA



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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03042004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7188525

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$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 ST
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

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
WMD
MOORE, WAYNE A
325 RINGWOOD CIRCLE
CITY-ST-ZIP
WINTER SPRINGS, FL 327084959 ☒ Delete

TITLE
NAME
WMD
NEISLER, TERENCE LEE
1103 SEAFARER LANE
CITY-ST-ZIP
WINTER SPRINGS, FL 32223 ☒ Delete

TITLE
NAME
TD
SIMONETTI, PETER A
1123 HAWKES AVE.
CITY-ST-ZIP
ORLANDO, FL 328096321 ☐ Delete

TITLE
NAME
SD
JOHNSON, ROBERT E
P O BOX 536946
CITY-ST-ZIP
ORLANDO, FL 328536946 ☐ Delete

TITLE
NAME
SWD
MCMASTER, PATRICK JOHN
124 SANDHILL CRANE
CITY-ST-ZIP
ORLANDO, FL 32828 ☒ Delete

TITLE
NAME
JWD
COLLETT, GEORGE A
835 PAUL ST.
CITY-ST-ZIP
ORLANDO, FL 328087544 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
Patrick John McMaster
4515 Blonigen Ave.
CITY-ST-ZIP
Orlando, FL 32812-8005

TITLE
NAME
SENIOR WARDEN (D) ☒ Change ☐ Addition
George Allen Collett
835 Paul St
CITY-ST-ZIP
Orlando, FL 32808-7544 ☐ Change ☒ Addition

TITLE
NAME
JUNIOR WARDEN (D) ☐ Change ☐ Addition
Oliver Harris Springer
768 MENDOSA DR
CITY-ST-ZIP
ORLANDO FL 32825-7943 ☐ Change ☐ Addition

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

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: Robert E. Johnson, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

29 Mar 2004 467-545-5732