

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90257 018 \*\*\*\*61.25

**DOCUMENT # C10184**

1. Entity Name  
**JOHN DARLING LODGE NO. 154 FREE AND ACCEPTED  
MASONS OF FLORIDA**



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

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

44023000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-0255598

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 STREET  
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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **WEBBER, JAMES B**  
CITY-ST-ZIP **PO BOX 130352  
TAMPA, FL 336810352**

TITLE ☐ Change ☒ Addition  
NAME **JUNIOR WARDEN (D)**  
STREET ADDRESS **Frederick E Charles**  
CITY-ST-ZIP **13807 Candidate Place  
Tampa FL 33613-3103**

TITLE ☒ Delete  
NAME ☒ MEDEIROS, MANUEL  
STREET ADDRESS **21 1WOOTEN RD**  
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY (D)**  
STREET ADDRESS **Thomas Ray Hitchcock**  
CITY-ST-ZIP **15502 Granby Pl  
Tampa Fl 33624-1572**

TITLE ☒ Delete  
NAME ☒ VANDERS, JAMES B  
STREET ADDRESS **2102 W RIO VISTA AVE**  
CITY-ST-ZIP **TAMPA, FL 33604**

☐ Change ☐ Addition

TITLE ☒ Delete  
NAME **SWD**  
STREET ADDRESS **WEBBER, JAMES B**  
CITY-ST-ZIP **PO BOX 130352  
TAMPA, FL 336810352**

☐ Change ☐ Addition

TITLE ☒ Delete  
NAME ☒ LONG, JAMES W SR  
STREET ADDRESS **6548 W HANNA AVE**  
CITY-ST-ZIP **TAMPA, FL 336344930**

☐ Change ☐ Addition

TITLE ☐ Delete  
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: *Thomas R. Hitchcock* Thomas R. Hitchcock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04 (813) 727-5083

Date

Daytime Phone #