

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90283 048 ****61.25

DOCUMENT # C10218

1. Entity Name
PINE HILL LODGE NO. 9 FREE AND ACCEPTED
MASONS OF FLORIDA



Principal Place of Business
ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202

Mailing Address
ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7526333

Applied For
Not Applicable

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 C
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, 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
NAME WMD
STREET ADDRESS CRUCE, ROSCOE B
CITY-ST-ZIP 15721 N W COUNTY RD 231
GAINESVILLE, FL 32609 ☒ Delete

TITLE
NAME JUNIOR WARDEN (D) ☐ Change ☒ Addition
STREET ADDRESS Randy Raulerson
CITY-ST-ZIP 11150 SW 92nd St
Graham FL 32042 ☐ Change ☐ Addition

TITLE ☒
NAME D ☐ Delete
STREET ADDRESS WOOD, JEFFRY A SR
CITY-ST-ZIP 27176 KRISTIE CIR S
HILLIARD, FL 320465266

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

TITLE ☒
NAME TD ☐ Delete
STREET ADDRESS TETSTONE, OTIS
CITY-ST-ZIP 12102 SW COUNTY RD 235A
BROOKER, FL 326223012

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

TITLE ☒
NAME D ☐ Delete
STREET ADDRESS MCKIBBEN, JOHN R
CITY-ST-ZIP 925 SE CHERRY ST
HIGH SPRINGS, FL 326439684

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

TITLE ☒
NAME SD ☐ Delete
STREET ADDRESS HOLDER, ROBERT L
CITY-ST-ZIP 214 W. MIMOSA DR.
STARKE, FL 32091

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 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: *X Robert L Holder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Holder

3-7-06

Date

904 966 5829

Daytime Phone #