

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90308 040 \*\*\*\*61.25

**DOCUMENT # N00000005063**

1. Entity Name  
**PALMWOOD LODGE NO. 303, INC. FREE AND  
ACCEPTED MASONS OF FLORIDA**



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

Mailing Address  
**ROY CONNOR SHEPPARD  
220 OCEAN STREET  
JACKSONVILLE, FL 32202**

**94049611**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-1015035**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY C  
220 OCEAN STREET  
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

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  
HENDERLY, CHARLES F  
STREET ADDRESS  
2648 HOLLY RD.  
CITY-ST-ZIP  
WEST PALM BEACH, FL 334064336 ☐ Delete

TITLE  
NAME ☒ SWD  
WHITTINGTON, HENRY H  
STREET ADDRESS  
4834 C ORLEANO CT.  
CITY-ST-ZIP  
WEST PALM BEACH, FL 33415 ☒ Delete

TITLE  
NAME ☐ TD  
AKINS, CARL E  
STREET ADDRESS  
136 WINTER PARK LANE  
CITY-ST-ZIP  
PALM BEACH GARDENS, FL 33410 ☐ Delete

TITLE  
NAME ☐ SD  
BAILEY, JIMMY P  
STREET ADDRESS  
4371 ARBOR WAY  
CITY-ST-ZIP  
PALM BEACH GARDENS, FL 334105905 ☐ Delete

TITLE  
NAME ☒ SD  
BAILEY, JIM P  
STREET ADDRESS  
4371 ARBOR WAY  
CITY-ST-ZIP  
PALM BEACH GARDENS, FL 33410 ☒ Delete

TITLE  
NAME ☐  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ☐ SENIOR WARDEN (D) ☐ Change ☒ Addition  
STREET ADDRESS  
Efraim Logreira  
CITY-ST-ZIP  
P O Box 7101 N/A  
Lake Worth FL 33466-7101

TITLE  
NAME ☐ JUNIOR WARDEN (D) ☐ Change ☒ Addition  
STREET ADDRESS  
James Douglas Haines  
CITY-ST-ZIP  
624 Valley Forge Rd  
West Palm Beach FL 33406-3932 ☐ 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: *X R.W. Bailey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*3/30/04 - 561 622 3787*