

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90142 039 ****61.25

DOCUMENT #C10038

1. Entity Name
**SEBRING LODGE NO. 249 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**

40066612



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1651185

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, 2005

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 **WDM** ☒ Delete
NAME **BYERS, MICHAEL P**
STREET ADDRESS **2434 S. LAKE LETTA DR.**
CITY-ST-ZIP **AVON PARK, FL 338259635**

TITLE **SWD** ☒ Delete
NAME **HANKISON, GLENN E**
STREET ADDRESS **2020 FLAMINGO DR.**
CITY-ST-ZIP **SEBRING, FL 338701763**

TITLE **TD** ☐ Delete
NAME **YOUNG, OWEN M**
STREET ADDRESS **PO BOX 208**
CITY-ST-ZIP **SEBRING, FL 338710208**

TITLE **SD** ☐ Delete
NAME **VAN EVERY, DESHA O**
STREET ADDRESS **276 WHIP-POOR-WILL DR**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **JWD** ☒ Delete
NAME **CASEY, JAMES E**
STREET ADDRESS **PO BOX 42**
CITY-ST-ZIP **AVON PARK, FL 338260042**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
NAME **Glenn Eugene Hankison**
STREET ADDRESS **2020 Pasco Dr**
CITY-ST-ZIP **Sebring FL 33870-1763**

TITLE **SENIOR WARDEN (D)** ☐ Change ☒ Addition
NAME **Devlin L Wilson**
STREET ADDRESS **647 Highland Lake Dr**
CITY-ST-ZIP **Lake Placid FL 33852-9656**

TITLE **JUNIOR WARDEN (D)** ☒ Addition
NAME **Renato D Jamora**
STREET ADDRESS **4012 Alpine St**
CITY-ST-ZIP **Sebring FL 33872-3003**

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Desha VanEvery
Date **Apr 15, 2005** 863 655 0277
Daytime Phone #