

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90147 034 ****61.25

DOCUMENT # C10297

1. Entity Name
**MANDARIN LODGE NO. 343 FREE AND ACCEPTED
MASONS OF FLORIDA**



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

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7526558

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR
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, 2007**

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 **WMD** ☒ Delete
NAME **RANDALL, DAVID MYRON L**
STREET ADDRESS **664 E TROPICAL TRACE**
CITY-ST-ZIP **JACKSONVILLE, FL 322591933**

TITLE **SWD** ☒ Delete
NAME **AVERA, WILLIAM E III**
STREET ADDRESS **9032 CUMBERLAND FOREST WY**
CITY-ST-ZIP **JACKSONVILLE, FL 322571722**

TITLE **JWD** ☒ Delete
NAME **EATON, DAX L**
STREET ADDRESS **11372 CHAPELGATE LN**
CITY-ST-ZIP **JACKSONVILLE, FL 322238761**

TITLE **T** ☒ Delete
NAME **WARREN, JASON T**
STREET ADDRESS **621 POKEBERRY PL**
CITY-ST-ZIP **JACKSONVILLE, FL 322595438**

TITLE **SD** ☒ Delete
NAME **SHOFFER, JACK V**
STREET ADDRESS **1777 BOLTON ABBEY DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

~~JUNIOR WARDEN~~ (D) ☐ Change ☒ Addition
NAME **George Stanley Blum**
STREET ADDRESS **1725 Lochamy Ln**
CITY-ST-ZIP **Jacksonville FL 32259-5478**

~~ARCHITECTURAL MASTER~~ (D) ☐ Change ☒ Addition
NAME **William Edgar Avera III**
STREET ADDRESS **9032 Cumberland Forest Wy**
CITY-ST-ZIP **Jacksonville FL 32257-1722**

~~SENIOR WARDEN~~ (D) ☐ Change ☒ Addition
NAME **Dax Leslie Eaton**
STREET ADDRESS **11372 Chapelgate Ln**
CITY-ST-ZIP **Jacksonville FL 32223-8761**

~~SECRETARY~~ (D) ☐ Change ☒ Addition
NAME **Charles David Higgins**
STREET ADDRESS **12390 Flynn Rd**
CITY-ST-ZIP **Jacksonville FL 32223-2612**

~~TREASURER~~ (D) ☐ Change ☒ Addition
NAME **John Mark Swan**
STREET ADDRESS **1757 Leyburn Ct**
CITY-ST-ZIP **Jacksonville FL 32223-5006**

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 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:

Charles D. Higgins **Charles D. Higgins**

Date

Daytime Phone #

3/15/07

292-0946