

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90253 048 \*\*\*\*\*61.25

**DOCUMENT # C10017**

1. Entity Name  
**GLENDAL LODGE NO. 225 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006 Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-1728178**

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 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, 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  
STREET ADDRESS  
CITY-ST-ZIP  
**WMD  
ANDERSON, THOMAS M  
5303 CTY HWY 1883  
DEFUNIAK SPRINGS, FL 32433** ☒ Delete

**WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
**Jeremiah J Rolling  
P O Box 192 N/A  
Westville FL 32464-0192**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SWD  
ROLLING, JEREMIAH J  
P O BOX 192  
WESTVILLE, FL 32464** ☒ Delete

**SENIOR WARDEN (D)** ☐ Change ☒ Addition  
**Ross Alan Centanni  
674 US Highway 331 S  
Defuniak Springs FL 32435-3**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JWD  
PATTERSON, HERBERT W  
1084 INGLE RD  
DEFUNIAK SPRINGS, FL 32433** ☒ Delete

**JUNIOR WARDEN (D)** ☐ Change ☒ Addition  
**Robert Guy Wilkerson  
1589 Hwy 185  
Westville FL 32464**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HAYES, DANIEL L  
321 HAYES RD  
DEFUNIAK SPRINGS, FL 32433** ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
DONALDSON, LYNN F  
9563 HWY 83 N  
DEFUNIAK SPRINGS, FL 32433** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

**Lynn F. Donaldson, Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAY 10, 2006**

Date

**850-859-7444**

Daytime Phone #