


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # C10024**

1. Entity Name  
FORT GREEN LODGE NO. 216 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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03182005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-1837080 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	TD MOYE, WILLIAM R 9727 ST RD 64 W ONA, FL 33865 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR KRELL, CHARLES R JR 4874 OLLIE ROBERTS RD BOWLING GREEN, FL 33834 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD TURNER, WENDELL ARLO P.O. BOX 3 WAUCHULA, FL 338730003 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SW THOMAS, NATHA D 4140 BIRDIE CT SEBRING, FL 33872 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOYE, WILLIAM C 9727 ST RD 64 WEST ONA, FL 33865 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000294781 04/08/05-80083-024 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W C Moye NC MOYE 03/28/05 904-354-2339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #