

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-26-2005 90142 030 ****61.25

DOCUMENT # C10026 1. Entity Name CENTURY LODGE NO. 213 FREE AND ACCEPTED MASONS OF FLORIDA	
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Principal Place of Business ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202	Mailing Address ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03182005 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7526463

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
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD DAY, JIM BURL 8721 OLD FLOMATON RD CENTURY, FL 325352483 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) ☒ Change ☐ Addition Charles Nathaniel Reardon P O Box 1 N/A Flomaton AL 36441-0001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRANT, GLENN GARY 30 ELISIE DAVIS RD. CENTURY, FL 32535 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) ☒ Change ☐ Addition Preston Earl Bryan Jr P O Box 767 N/A Century FL 32535-0767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD REARDON, CHARLES N P.O. BOX 1 FLOMATON, AL 364410001 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) ☐ Change ☒ Addition Carl Peterson Jr 3120 Highway 168 Century FL 32535-2231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD BRYAN, PRESTON EARL JR. P.O. BOX 767 CENTURY, FL 325350767 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATHIS, TOM N P.O. BOX 982 CENTURY, FL 325350982 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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:

Glenn G. Grant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-05 1-850-256-2216