

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90063 016 \*\*\*\*61.25

**DOCUMENT # C10028**

1. Entity Name  
WEST FLORIDA LODGE NO. 210 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

04053885



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
23-7526460

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, 2004

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 SWD ☒ Delete  
NAME MILLER, GENE R SR  
STREET ADDRESS 1505 BELL CREEK RD  
CITY-ST-ZIP JAY, FL 32565

TITLE SD ☐ Delete  
NAME ROGERS, JOHN L  
STREET ADDRESS 6151 FAIRGROUND RD  
CITY-ST-ZIP MOLINO, FL 32887

TITLE WMD ☒ Delete  
NAME RONEY, JOHN W  
STREET ADDRESS P.O. BOX 363  
CITY-ST-ZIP JAY, FL 32565

TITLE TD ☐ Delete  
NAME COTTEN, EDWARD M  
STREET ADDRESS 4045 WINDSOR LN  
CITY-ST-ZIP PACE, FL 32571

TITLE JWD ☒ Delete  
NAME HERRINGTON, DUDLEY C III  
STREET ADDRESS 9833 N BARTH RD  
CITY-ST-ZIP MOLINO, FL 32577

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
NAME Gene Ray Miller Sr  
STREET ADDRESS 1505 BELL CREEK RD  
CITY-ST-ZIP JAY FL 32565-7700

TITLE SENIOR WARDEN (D) ☒ Change ☐ Addition  
NAME Dudley Chipley Herrington I  
STREET ADDRESS 9833 N Barth Rd  
CITY-ST-ZIP Molino FL 32577-9197

TITLE JUNIOR WARDEN (D) ☒ Change ☐ Addition  
NAME Thornton Lewis Rogers  
STREET ADDRESS 6151 FAIRGROUND RD  
CITY-ST-ZIP MOLINO FL 32577-4159

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: *John L. Rogers, P.M., Secy* *John L. Rogers, P.M., Secy* 4-6-04 850 587 2262  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #