

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90253 019 ****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**

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
23-7526460

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 **D** ☒ Delete
HERRINGTON, II, DUDLEY C WM
STREET ADDRESS
9833 N BARTH RD
CITY-STATE-ZIP
MOLINO, FL 325779197

JUNIOR WARDEN (D) ☐ Change ☒ Addition
Harold George Pate
6420 Riverbend Rd
Molino, FL 32577-4136 ☐ Change ☐ Addition

TITLE
NAME ☒ **D** ☐ Delete
ROGERS, THORNTON L SW
STREET ADDRESS
6151 FAIRGROUND RD
CITY-STATE-ZIP
MOLINO, FL 325774159

TITLE
NAME ☐ **D** ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☒ **D** ☐ Delete
KENNEDY, ROBERT H JW
STREET ADDRESS
5121 MOLINO RD
CITY-STATE-ZIP
MOLINO, FL 325773029

TITLE
NAME ☐ **D** ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☒ **T** ☐ Delete
MILLER, SR, GENE R
STREET ADDRESS
1505 BELL CREEK RD
CITY-STATE-ZIP
JAY, FL 325657700

TITLE
NAME ☐ **T** ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☒ **S** ☐ Delete
COTTEN, EDWARD M
STREET ADDRESS
4045 WINDSOR LN
CITY-STATE-ZIP
MILTON, FL 325718838

TITLE
NAME ☐ **S** ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-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 enclosed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 2006

Date

Daytime Phone #

850.994.5499

Edward M. Cotten, Secretary