

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90015 035 ****61.25

DOCUMENT # C10041



1. Entity Name
COTTONDALE LODGE NO. 206 FREE AND ACCEPTED
MASONS OF FLORIDA

Principal Place of Business
ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202

Mailing Address
ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7526458

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, 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 WM ☒ Delete
NAME SLOAN, DENNIS C
STREET ADDRESS PO BOX 232
CITY-ST-ZIP COTTONDALE, FL 32431

TITLE SWD ☒ Delete
NAME WHITE, ROY E
STREET ADDRESS 2671 OBERT RD.
CITY-ST-ZIP COTTONDALE, FL 32431

TITLE JWD ☐ Delete
NAME LAWRENCE, KENDRICK R
STREET ADDRESS 2807 LAWRENCEVILLE RD
CITY-ST-ZIP COTTONDALE, FL 32431

TITLE S ☐ Delete
NAME PALSTON, BENJAMIN W
STREET ADDRESS 3043 POLSTON LANE
CITY-ST-ZIP COTTONDALE, FL 324317059

TITLE TD ☐ Delete
NAME GLASS, COUNCIL E
STREET ADDRESS P.O. BOX 971
CITY-ST-ZIP COTTONDALE, FL 32431

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Worshipful Master (D) ☒ Change ☐ Addition
NAME Meyer, Lawrence R.
STREET ADDRESS 4660 Collins Way
CITY-ST-ZIP Marianna, FL 32448-5027

TITLE Senior Warden (D) ☒ Change ☐ Addition
NAME Perdue, Chester R.
STREET ADDRESS 5239 Johns Lane
CITY-ST-ZIP Marianna, FL 32448-7313

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Benjamin W. Palston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/05 850-352-4488
Date Daytime Phone #