

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90216 046 \*\*\*\*61.25

**DOCUMENT # C10048**

1. Entity Name  
**TAVARES LODGE NO. 234 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**

**24069503**



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  
**59-6133689**

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 **D** ☒ Delete  
NAME **VOSS, CHRISTOPHER A**  
STREET ADDRESS **385 MAGNOLIA RIDGE AVE**  
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **D** ☐ Delete  
NAME **HARPER, KEVIN L**  
STREET ADDRESS **906 LILY ST**  
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE **D** ☒ Delete  
NAME **EDWARD, KENNETH E**  
STREET ADDRESS **34239 WOODRIDGE LANE**  
CITY-ST-ZIP **EUSTIS, FL 32726**

TITLE **D** ☒ Delete  
NAME **COUNTRYMAN, WILLIAM E**  
STREET ADDRESS **27713 LISA DR**  
CITY-ST-ZIP **TAVARES, FL 32778**

TITLE **JWD** ☒ Delete  
NAME **HARPER, KEVIN L**  
STREET ADDRESS **906 LILY ST**  
CITY-ST-ZIP **LEESBURG, FL 34748**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SENIOR WARDEN** (D) ☐ Change ☒ Addition  
NAME **William Thomas Barnes**  
STREET ADDRESS **PO BOX 1749** **N/A**  
CITY-ST-ZIP **TAVARES FL 32778-1749**

TITLE **JUNIOR WARDEN** (D) ☐ Change ☒ Addition  
NAME **Billy Larrabee Powell**  
STREET ADDRESS **1316 ORANGE AVE**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **SECRETARY** (D) ☐ Change ☒ Addition  
NAME **Raymond Charles Cox**  
STREET ADDRESS **P.O. Box 367** **N/A**  
CITY-ST-ZIP **Howey-In-The-Hills FL 34737-0367**

TITLE **TREASURER** (D) ☐ Change ☒ Addition  
NAME **Robert M Voss**  
STREET ADDRESS **1410 E. Alfred St**  
CITY-ST-ZIP **TAVARES FL 32778-3508**

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:

**Robert M. Voss**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-04

352-343-7511