

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # C10064

MORRISTON LODGE NO. 235 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202

Mailing Address

ROY CONNOR SHEPPARD 220 OCEAN ST.

JACKSONVILLE FL 32202

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90111 001 *5,390.00



2. Principal Pi	lace of Business	2a. N	2a. Mailing Address				3. Date Incorporated or Qualifed					
21			26				06/30/199	2				
Suite, Apt.	#, etc.	5	Suite, Apt. #, etc.				4. FEI Number			<u> </u>	lied For	
22			-			. 23-752647	7	·	. Not	Applicable		
City & State			City & State				5. Certifcate of Status Desired			\$8.75 Additional		
23 28										Fee Rec		
Zip	Country Zip			Country			6. Election Campaign Financing			\$5.00 N	May Be	
24	25 29			30			Trust Fund C	ontribution		Added to	Fees	
	9. Name and Address of Current			10. Name and A	ddress of New	Registered .	Agent					
						Name					ļ	
SHEPPARD, ROY CONNOR					82 Street Address (P.O. Box Number is Not Acceptable)							
220 OCEAN STREET												
					83							
JACKSONVILLE FL 32202												
					84	City			FL	85 Zip C	oge	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -												
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, I nereby accept the appointment as registered.												
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE	Signature, typed or printed name of registered agent a	and title if a	andicable (NOTE:	Renistered /	Aneni	signature required	when reinstating)		AV/TI			
12.	OFFICERS AND		**	13.				HANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12	
TILE	D	5	☐ DELETE	1.1 TITI	LE	€ .	ECRETARY		(D)	* Inge	Addition	
NAME /	FREDDIE NOBLE			1.2 NA	ME		harle: Fr					
										911		
STREET ADDRESS						FK.			_			
CITY-ST-ZIP	MOTHER SECTION			1.4 CIT 2.1 TIT		· <u>4r</u> [4]	orrizton	F1- 325	ੇ ਦ	ange	Addition	
TITLE				2.2 NA							_	
NAME	KENNETH ROGER SPENCER										}	
STREET ADDRESS	314 NE 3RD AVE					ADDRESS					l	
CITY-ST-ZIP	WILLISTON FL 32696		O DELETE	2.4 CI	_	r-zip				☐ Change	Addition	
TITLE	D · · ·		☐ DELETE	3,1 TIT						[] Change	L) Addition	
NAME *	JOHN SEBRON RICHARDS			3.2 NA	ME							
STREET ADDRESS	939 NE 18TH ST		•	3.3 STI	REET	ADDRESS			•			
CITY-ST-ZIP	OCALA FL 32670			3.4. CI	TY-S	r-ziP		<u> </u>	٠.			
TITLE	D .		DELETE	4.1 TIT	ĽΕ	1				Change	Addition	
NAME	LEONARD A DANIELS		, -	4. 2 NA	WE						į	
STREET ADDRESS	PO BOX 88 (N/A)			4.3 ST	REET	ADDRESS					}	
CITY-ST-ZIP	MORRISTON FL 32668			4.4 CIT	Y-ST	-ZIP						
TITLE	D		☐ DELETE	5.1 TIT	LĒ					☐ Change	☐ Addition	
NAME *	JESSE CARL REDDISH			5.2 NA	ME						ţ	
STREET ADDRESS	14691 SE 30TH ST			5.3 ST	REET	ADORESS					ł	
CITY-ST-ZIP	MORRISTON FL 32668			5.4 CIT	TY-ST	-ZIP	·					
TITLE			☐ DELETE	6.1 TIT	LE				<u></u>	☐ Change	☐ Addition	
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 STI	REET	ADDRESS					1	
OFFICE ALLUNESS				64 CIT	Y-S1	- ZIP						

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE: