

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90201 033 ****61.25

DOCUMENT # C10071

1. Entity Name
ANCHOR LODGE NO. 182 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172004 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7193179

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 ST
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WMD
ANSELL, CHARLES W II
2809 FLAGLER AVE
KEY WEST, FL 33040 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
Terry Jay O'Dell
2108 Patterson Ave
Key West FL 33040-3717

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
WEITZEL, CHARLES
150 SEALANE TAMARAC PK
KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SENIOR WARDEN (D) ☒ Change ☐ Addition
Charles William Ansell II
2809 Flagler Ave
Key West FL 33040-4001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MARIBONA, MICHAEL
PO BOX 2370 N/A
KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JUNIOR WARDEN (D) ☒ Change ☐ Addition
John M Curry
1300 15TH CT # 24
KEY WEST FL 33040-4104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WMD
MORLEY, JOSEPH J
1125 MARGARET ST
KEY WEST, FL 33040 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SWD
O'DELL, TERRY J
2108 PATTERS
KEY WEST, FL 33040 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Maribona, Secy.
4/12/04 305-5878841