

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90161 001 \*5,083.75

0004012

DOCUMENT # C10075

1. Corporation Name:

FRANCIS T. HURLBERT LODGE NO. 259 FREE AND ACCEP  
TED MASONS OF FLORIDA

Principal Place of Business

C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202  
US

Mailing Address

C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE FL 32202  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-1688795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR  
220 OCEAN ST  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

N/A

N/A

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME SHALLAR, MARCUS P  
STREET ADDRESS 12887 PLUMMER GRANT RD  
CITY-ST-ZIP JACKSONVILLE FL 32258

TITLE SD ☐ DELETE  
NAME ☒ GOING, BROOKS E  
STREET ADDRESS 1404 FOREST HILLS RD  
CITY-ST-ZIP JACKSONVILLE FL 32208-3188

TITLE D ☒ DELETE  
NAME ALLEN, SAMUEL D  
STREET ADDRESS 5947 W SHORES RD  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ DELETE  
NAME ☒ BRACEWELL, ROBERT D  
STREET ADDRESS RT 1 BOX 206-A  
CITY-ST-ZIP BRYCEVILLE FL 32009-9713

TITLE TD ☐ DELETE  
NAME ☒ YOUNG, ROBERT L  
STREET ADDRESS 4621 CASTLEWOOD DR W  
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE SD ☒ DELETE  
NAME BRACEWELL, ROBERT DELMUS  
STREET ADDRESS HC 01 BOX 206-A  
CITY-ST-ZIP BRYCEVILLE FL

Duplicate

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE JUNIOR WARDEN (D) ☒ Change ☐ Addition  
1.2 NAME Robert Erwin Sitz  
1.3 STREET ADDRESS 885 Bonita Rd  
1.4 CITY-ST-ZIP Atlantic Beach FL 32233

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Mar 1, 1999

765-5719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)