

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90201 044 ****61.25

DOCUMENT # C10075

1. Entity Name
**FRANCIS T. HURLBERT LODGE NO. 259 FREE AND
ACCEPTED 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1688795

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
GIVENS, JOHN T
15605 TISON RD.
JACKSONVILLE, FL 322181229** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
YOUNG, ROBERT L
4621 CASTLEWOOD DRIVE W
JACKSONVILLE, FL 32206** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BRACEWELL, ROBERT D
P.O. BOX 123
JACKSONVILLE, FL 322090123** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
WILSON, RONALD
12081 SIMMONS ROAD
JACKSONVILLE, FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
CARTER, WAYNE
14047 DUVAL ROAD
JACKSONVILLE, FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☐ Change ☒ Addition
Barry Alan Collins
4141 Pittman Dr
Jacksonville FL 32207-7143** ☐ Addition

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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: **Robert Bracewell** Sec. 3/28/04 (904) 629-2711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #