


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90315 034 ****61.25

DOCUMENT # C10079 1. Entity Name DEFUNIAK LODGE NO. 170 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		
4. FEI Number 51-0212785			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	SWD	<input type="checkbox"/> Delete			
NAME	GATES, JOSEPH A				
STREET ADDRESS	610 PINWOOD DR				
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 324334536				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	MARTIN BROWN, FREDERICK				
STREET ADDRESS	862 WEST SPRUCE ST				
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 324359201				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	WILFORD POLLARD, CHARLIE JR.				
STREET ADDRESS	137 PINE ST				
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 324334771				
TITLE	SD	<input checked="" type="checkbox"/> Delete			
NAME	GODWIN, ROBERT R				
STREET ADDRESS	396 LAKEVIEW DR				
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433				
TITLE	JWD	<input checked="" type="checkbox"/> Delete			
NAME	PELFREY, AMOS I				
STREET ADDRESS	750 ORANGE AVE				
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		Joseph Allen Gates			
STREET ADDRESS		610 Pinewood Dr			
CITY-ST-ZIP		Defuniak Springs FL 32433-4536			
TITLE		SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		Amos Isaac Pelfrey			
STREET ADDRESS		750 Orange Ave			
CITY-ST-ZIP		Defuniak Springs FL 32435-2			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS		Daniel Maurice Bodiford			
CITY-ST-ZIP		396 Lakeview Dr			
CITY-ST-ZIP		Defuniak Springs FL 32433-4057			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>DANIEL M. BODIFORD</u> <i>[Signature]</i> 3/27/06 (850) 892-5479 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					