

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90024 031 \*\*\*\*61.25

**DOCUMENT # C10081**

1. Entity Name  
**GRAND RIDGE LODGE NO. 169 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**23-7526440**

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**

**Lynn, Richard Edward  
220 Ocean Street  
Jacksonville, Florida 32202**

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)

**4/7/07**  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **S**  
STREET ADDRESS **GANSTINE, SHANNON A**  
CITY-ST-ZIP **810 MORGAN AVE  
CHATTAHOOCHEE, FL 323241727** ☒ Delete

TITLE  
NAME **SENIOR WARDEN** ☐ Change ☒ Addition  
STREET ADDRESS **Charles A Dickson**  
CITY-ST-ZIP **1926 Inwood Rd  
Grand Ridge FL 32442-4010**

TITLE  
NAME ☒ **D**  
STREET ADDRESS **ALEXANDER, JERRY L**  
CITY-ST-ZIP **PO BOX 425  
SNEADS, FL 32460** ☐ Delete

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

TITLE  
NAME ☒ **D**  
STREET ADDRESS **EDWARDS, STEVEN**  
CITY-ST-ZIP **6922 SINGLETARY ST  
GRAND RIDGE, FL 32442** ☐ Delete

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

TITLE  
NAME ☒ **T**  
STREET ADDRESS **DEATON, JOHN W**  
CITY-ST-ZIP **8110 HAWLEY ST  
SNEADS, FL 324602447** ☐ Delete

TITLE  
NAME **JUNIOR WARDEN** ☐ Change ☒ Addition  
STREET ADDRESS **Michael Christian Smith**  
CITY-ST-ZIP **7337 Birchwood Rd  
Grand Ridge FL 32442-3761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME **SECRETARY** ☐ Change ☐ Addition  
STREET ADDRESS **Fred E Burch Jr**  
CITY-ST-ZIP **7822 Howell Rd  
Sneads FL 32460-3816**

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 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:**

**Jerry L. Alexander** **Jerry L. Alexander** **3-20-08 (850) 593-6352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #