

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90253 008 ****61.25

DOCUMENT # C10083

1. Entity Name
**DAY LODGE NO. 166 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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

400300-



02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7526438

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, 2006**

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. ERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WM KESSEL, JOHN M 493 NW ATLANTI CRD MAYO, FL 320662709 <input checked="" type="checkbox"/> Delete	WORSHIPFUL MASTER (D) Dale Whitten Eldridge P O Box 564 N/A MAYO FL 32066-0564 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SW ELDRIDGE, DALE W PO BOX 564 MAYO, FL 320660564 <input checked="" type="checkbox"/> Delete	SENIOR WARDEN (D) John D Horton 8195 N COUNTY ROAD 53 MAYO FL 32066 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JW HAMLIN, ALVIN H PO BOX 532 MAYO, FL 320660532 <input checked="" type="checkbox"/> Delete	JUNIOR WARDEN (D) John McDuffee Kessel 493 NW Atlantic Rd MAYO FL 32066-2709 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WADSWORTH, JAMES T 16444 175TH RD MC ALPIN, FL 320622033 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SNYDER, HERBERT W 427 NW CLARK AVE MAYO, FL 320664514 <input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		

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: Jim Wadsworth Jim WADSWORTH 3-4-06 386-776-1612
Signature and typed or printed name of signing officer or director Date Daytime Phone #