

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90475 015 ****61.25

DOCUMENT # C10084

1. Entity Name
RAIFORD LODGE NO. 82 FREE AND ACCEPTED
MASONS OF FLORIDA



Principal Place of Business
C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202

Mailing Address
C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7526380

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ NAME WMD ☐ Delete
JOHNSON, ERIC JR
STREET ADDRESS RT 2 BOX 397
CITY-ST-ZIP MACCLENNY, FL 32063

TITLE ☐ NAME SENIOR WARDEN (D) ☐ Change ☒ Addition
STREET ADDRESS Royce Brian Marlow
CITY-ST-ZIP RT 1 BOX 148A
RAIFORD FL 32083-9010

TITLE ☒ NAME SWD ☒ Delete
SHIPLEY, OSCAR
STREET ADDRESS P.O. BOX 734
CITY-ST-ZIP RAIFORD, FL 32083

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

TITLE ☒ NAME JWD ☐ Delete
FRITH, TOMMIE
STREET ADDRESS P O BOX 53
CITY-ST-ZIP LAKE BUTLER, FL 32054

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

TITLE ☐ NAME TD ☐ Delete
GRIFFIS, ALVIN ALTON
STREET ADDRESS RR 1 BOX 500
CITY-ST-ZIP LAKE BUTLER, FL 320549724

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

TITLE ☐ NAME SD ☐ Delete
ROSIER, JAMES DONALD
STREET ADDRESS RT 1 BOX 599
CITY-ST-ZIP LAWTEY, FL 320589603

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

TITLE ☐ NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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.

James D. Rosier, Sec.

SIGNATURE:

James D. Rosier, Sec.

4-6-04

386-431-1366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #