

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90304 007 ****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**

1000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012006 Chg-NP CR2E037 (11/05)

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, 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **MARLOW, ROYCE B WM**
STREET ADDRESS **RR 1 BOX 148A**
CITY-ST-ZIP **RAIFORD, FL 320839010**

TITLE **WORSHIPPFUL MASTER (D)** ☒ Change ☒ Addition
NAME **Eric Paul Johnson II**
STREET ADDRESS **1643 Whipperwill Ln**
CITY-ST-ZIP **Glen Saint Mary FL 32040-5681**

TITLE **D** ☒ Delete
NAME **FRITN, TOMMIE E SW**
STREET ADDRESS **PO BOX 53**
CITY-ST-ZIP **LAKE BUTLER, FL 320540053**

TITLE **SENIOR WARDEN (D)** ☒ Addition
NAME **Eric Paul Johnson**
STREET ADDRESS **661 Towers Ct**
CITY-ST-ZIP **Maccleddy FL 32063-3607** ☒ Change ☐ Addition

TITLE **D** ☒ Delete
NAME **THORNTON, NATHAN W JW**
STREET ADDRESS **PO BOX 365**
CITY-ST-ZIP **RAIFORD, FL 320830365**

TITLE **JUNIOR WARDEN (D)** ☒ Addition
NAME **Tommie Edward Frith**
STREET ADDRESS **P O Box 53 N/A**
CITY-ST-ZIP **Lake Butler FL 32054-0053** ☐ Change ☐ Addition

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

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

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

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

TITLE ☐ ☐ Delete
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:

X Donald Rosier J. Donald Rosier **3-21-06** **904-3543838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #