

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90256 005 \*\*\*\*61.25

**DOCUMENT # C10096**

1. Entity Name  
HALIFAX LODGE NO. 81 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

44043000



2. Principal Place of Business

3. Mailing Address

03052004 Chg-NP CR2E037 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
23-7184987

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

TITLE SD ☐ Delete  
NAME EVANS, WILLIAM J  
STREET ADDRESS P O BOX 185 N/A  
CITY-ST-ZIP DAYTONA BEACH, FL 321150185

TITLE WMD ☒ Delete  
NAME MARX, EDWARD P  
STREET ADDRESS 9 GATE HOUSE CT  
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE SWD ☒ Delete  
NAME GEYER, RICHARD M  
STREET ADDRESS 1752 ARASH CIRCLE  
CITY-ST-ZIP PORT ORANGE, FL 32128

TITLE TD ☐ Delete  
NAME RAUCH, BRADELY L  
STREET ADDRESS 38 TIMBER TRAIL  
CITY-ST-ZIP PT ORANGE, FL 32127

TITLE JWD ☒ Delete  
NAME TEMPLE, RONALD E  
STREET ADDRESS 30 PATHWAY CT  
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
NAME Richard McClellan Geyer  
STREET ADDRESS 1752 ARASH CIRCLE  
CITY-ST-ZIP PORT ORANGE FL 32128-7337

TITLE SENIOR WARDEN (D) ☒ Change ☐ Addition  
NAME Ronald Edgar Temple  
STREET ADDRESS 5273 Frederick Ave.  
CITY-ST-ZIP Port Orange FL 32127-8228

TITLE JUNIOR WARDEN (D) ☒ Change ☐ Addition  
NAME Melvin R Bonner  
STREET ADDRESS 5745 DEVON ST  
CITY-ST-ZIP PORT ORANGE FL 32127-4849

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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.

SIGNATURE: *William Evans* William Evans, Sec.

4-1-04

386-254-4102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #