

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10099 (5)
1. Corporation Name
PARKER LODGE NO. 142 FREE AND ACCEPTED MASONS OF
FLORIDA

Principal Place of Business

Mailing Address

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Roy Connor Sheppard
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-6136875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

900002469529--9

83 -03/26/98--01084--001

84 City ***5083.75 FL 03/26/98

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

WMD
LOFTIN, ULESS K
1300 E. 13TH ST.
PANAMA CITY FL 32401

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SWD
ARTHUR, WILLIAM H
5218 TIFFANY LANE
PANAMA CITY FL 32404-6949

TITLE NAME STREET ADDRESS CITY-ST-ZIP

JWD
DONAGHY, GARY W SR
4627 HYACINTH ST.
PANAMA CITY FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TD
ROBERTS, ROY L
P.O. BOX 10188 N/A
PARKER FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
STUBBS, HARRY L
1502 PRIMROSE LN.
PANAMA CITY FL 32404-2796

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
STUBBS, HARRY LAVERT
1502 PRIMROSE LANE
PANAMA CITY FL 32404-2796

13 WORSHIPFUL MASTER (D)

1.1 Edsel Sherman Burke Sr

1.2 5025 Pine Ave.

1.3 Youngstown FL 32466

1.4

2. SECRETARY (D)

2.1 Harry Lavert Stubbs

2.2 1502 Primrose Ln

2.3 Panama City FL 32404

2.4

3. SENIOR WARDEN (D)

3.1 Gaylon E Stovall

3.2 133 East Avenue S

3.3 Panama City FL 32401

3.4

4. JUNIOR WARDEN (D)

4.1 Mark Andrew Gapetz

4.2 632 Old Hickory St

4.3 Panama City FL 32404

4.4

5. TREASURER (D)

5.1 Roy Leon Roberts

5.2 4931 3rd St

5.3 Parker FL 32404

5.4

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☒ Change ☐ Addition

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

HARRY L. STUBBS

2-27-98

1(850)871-2554

CR2E037 (10/97)