

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90278 037 ****61.25

DOCUMENT # C10099

1. Entity Name
**PARKER LODGE NO. 142 FREE AND ACCEPTED
MASONS OF FLORIDA**



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

Mailing Address
**C/O ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202 US**

50006129



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-6136875

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 STREET
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
NAME **D** ☒ Delete
STREET ADDRESS
CITY-ST-ZIP
**WERT, WAYNE N
1325 STRATFORD AVE
PARKER, FL 324047337**

TITLE
NAME **JUNIOR WARDEN** (D) ☒ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
**Paul Frederick Boger
3305 S Harbour Cir
Panama City FL 32405-1640**

TITLE
NAME ☒ **D** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
**CHAPLE, RONALD H
110 HOWARD CT
PANAMA CITY, FL 324048809**

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

TITLE
NAME ☒ **D** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
**SMITH, WARREN L
1614 MISSISSIPPI AVE
LYNN HAVEN, FL 324443939**

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

TITLE
NAME ☒ **TD** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
**DONAGHY, GARY WAYNE SR
4627 HYACINTH STREET
PANAMA CITY, FL 324047023**

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

TITLE
NAME ☒ **SD** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
**STUBBS, HARRY LAVERT
1502 PRIMROSE LANE
PANAMA CITY, FL 32404**

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

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

TITLE
NAME ☐ **SD** ☐ Change ☐ Addition
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:

Harry L. Stubbs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY L. STUBBS

3-6-06

904-354-2339

Date

Daytime Phone #