

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90381 008 ****61.25

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| DOCUMENT # C10103 | | | | | |
| 1. Entity Name HERNANDO LODGE NO. 97 FREE AND ACCEPTED MASONS OF FLORIDA | | | | | |
| Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US | | | Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-1657220 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$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, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD COLLINS, THOMAS A 850 MOONLIGHT LN BROOKSVILLE, FL 346013014 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jeffrey David Bunn 9025 Cooper Ter Brooksville FL 34601-5471 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | WMD BATES, JOHN C JR 21950 SQUIRREL PRAIRIE RD BROOKSVILLE, FL 34601 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gerald Marcel D'Dell 1205 Dove Ln Brooksville FL 34601-1300 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SWD BUNN, JEFFREY D 9025 COOPER TERR BROOKSVILLE, FL 34601 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jere Clyde Harrell 21218 Snow Hill Rd Brooksville FL 34601-4136 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JWD O'DELL, GERALD M 1205 DOVE LN BROOKSVILLE, FL 34601 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Clifford Bates Jr 21950 Squirrel Prairie Rd Brooksville FL 34610-2300 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD PERKINS, KENNETH RAY 3077 MEETINGHOUSE LANE BROOKSVILLE, FL 346018315 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Denver William Crabbs 18814 Worthington Rd Hudson FL 34667-5538 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 of an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Denver W. Crabbs</i> DATE: 4-6-05 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

727-869-0347