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Mar 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # C10108 (4)

1. Corporation Name

TRILBY LODGE NO. 141 FREE AND ACCEPTED MASONS OF
FLORIDA



Principal Place of Business

Mailing Address

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

C/O ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-3218

3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
23-7526425

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0500 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 understand and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]*

(NOTE: Registered Agent signature required when reinstating)

2-3-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME STANLEY, RONALD E
STREET ADDRESS 12617 GREEN OAK LANE
CITY-ST-ZIP DADE CITY FL 33525-1055

1.1 TITLE WORSHIPFUL MASTER D
1.2 NAME William Pate Burkett Jr
1.3 STREET ADDRESS 35436 Ruffing Rd
1.4 CITY-ST-ZIP Dade City Fl 33525

TITLE D
NAME BURKETT, WILLIAM P
STREET ADDRESS 35430 RUFFING RD
CITY-ST-ZIP DADE CITY FL 33525

2.1 TITLE SENIOR WARDEN D
2.2 NAME John Henry Myrick
2.3 STREET ADDRESS Po Box 1264 N/A
2.4 CITY-ST-ZIP Dade City Fl 33526-1264

TITLE D
NAME MYRICK, JOHN H
STREET ADDRESS P.O. BOX 1264 N/A
CITY-ST-ZIP DADE CITY FL 33526-1264

3.1 TITLE JUNIOR WARDEN D
3.2 NAME James Wilbur Kirksey
3.3 STREET ADDRESS 16435 Hamilton Road
3.4 CITY-ST-ZIP Dade City Fl 33525

TITLE DT
NAME LAQUIRE, DON T
STREET ADDRESS 4877 MERLIN CIR
CITY-ST-ZIP DADE CITY FL 33525-9127

4.1 TITLE TREASURER D
4.2 NAME Don Truxton Laquire
4.3 STREET ADDRESS 4877 Merlin Cir
4.4 CITY-ST-ZIP Dade City Fl 33525-9127

TITLE DS
NAME PITTS, LAWRENCE P
STREET ADDRESS 33903 TRILBY RD
CITY-ST-ZIP DADE CITY FL 33525

5.1 TITLE SECRETARY D
5.2 NAME Lawrence Payton Pitts Jr
5.3 STREET ADDRESS 33903 Trilby Rd
5.4 CITY-ST-ZIP Dade City Fl 33525

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Lawrence P. Pitts, Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 6, 1996 (352) 561-7029

Date

Daytime Phone: 6004249

CR2E037 (9/96)