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Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10108** (4)

1. Corporation Name

**TRILBY LODGE NO. 141 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**

3. Date Incorporated or Qualified

**06/30/1992**

4. FEI Number

**23-7526425**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

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

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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

**04/13/98 01010-026  
\*\*\*5083.75**

84 City

**FL**

85 Zip Code

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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature is required when reinstating)

DATE

**2/13/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BURKETT JR, WILLIAM PATE</b>	
STREET ADDRESS	<b>35436 RUFFING RD</b>	
CITY-ST-ZIP	<b>DADE CITY FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MYRICK, JOHN HENRY</b>	
STREET ADDRESS	<b>PO BOX 1264 N/A</b>	
CITY-ST-ZIP	<b>DADE CITY FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIRKSEY, JAMES WILBUR</b>	
STREET ADDRESS	<b>18435 HAMILTON RD</b>	
CITY-ST-ZIP	<b>DADE CITY FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAQUIRE, DON TRUXTON</b>	
STREET ADDRESS	<b>4877 MERLIN CIRCLE</b>	
CITY-ST-ZIP	<b>DADE CITY FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PITTS JR, LAWRENCE PAYTO</b>	
STREET ADDRESS	<b>33903 TRILBY RD</b>	
CITY-ST-ZIP	<b>DADE CITY FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. WORSHIPFUL MASTER (D)

1.1 John Henry Myrick

1.2 Po Box 1264 N/A

1.3 Dade City Fl 33526

1.4 SECRETARY (D)

2.1 Lawrence Payton Pitts Jr

2.2 33903 Trilby Rd

2.3 Dade City Fl 33523

2.4 SENIOR WARDEN (D)

3.1 James Wilbur Kirksey

3.2 18435 Hamilton Road

3.3 Dade City Fl 33523

3.4 JUNIOR WARDEN (D)

4.1 Ronald Francis Edgerton

4.3 12301 Scott Dr

4.4 Dade City FL 33525

4.5 TREASURER (D)

5.1 Don Truxton Laquire

5.3 4877 Merlin Cir

5.4 Dade City Fl 33525-9127

6.1

6.2

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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: **LAWRENCE P. PITTS JR**

**MDA: 11/1998**

**904-354-2339**

CR2E037 (10/97)