

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90257 017 *****61.25

DOCUMENT # C10108

1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182004

Chg-NP

CR2E037 (10/03)

4. FEI Number
23-7526425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

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, 2004

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
STANLEY, RONALD E
1421 BAYCREST DR
WESLEY CHAPEL, FL 33543** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
GENTRY, JAMES W
P.O. BOX 1081
LACOOCHEE, FL 33537** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
ANKROM, KEITH A
8131 WEST DR
WESLEY CHAPEL, FL 33544** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
RAPOSA, LYNN C
36743 COLEMAN AVE
DADE CITY, FL 33525** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
COUNCIL, JOHN R
36709 COVINGTON RD
DADE CITY, FL 33525** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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12. 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 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:

John R. Council **John R. Council** sec 4-1-04 352-567-5725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #