

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90142 024 \*\*\*\*61.25

**DOCUMENT #C10112**  
 1. Entity Name  
**PERRY LODGE NO. 123 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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



03042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**23-7161310** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD HUNTER, SAMMY R 102 MILLER DR PERRY, FL 323485906 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD MERRITT, CLYDE 805 SOUTHWOOD DR PERRY, FL 323485825 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD GUNTER, JOHN W 2754 U.S. 27 EAST PERRY, FL 323479514 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, CARL RAYMOND SR. RT 4 BOX 416 PERRY, FL 32347 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVE, DONALD W 2848 GREEN FARM ROAD PERRY, FL 32347 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sammy Roy Hunter 102 Miller Dr Perry FL 32348-5906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John William Gunter 2754 US Highway 27 E Perry FL 32347-9814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carl Raymond Williams Sr 122 Jimmy Archer Rd Perry FL 32347-9470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas Lamar Carter 495 Pittman Carter Rd Perry FL 32347-1239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rondol Leroy Frasier 5674 Beach Rd Perry FL 32348-7935

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature is of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sammy R. Hunter **SAMMY R. HUNTER** 4/14/05 (852) 584-9773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Verify that the information is an officer or director in Block 10 or Block 11 if