


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90017 013 \*\*\*\*61.25

|  |  |                     |  |   |  |
|--|--|---------------------|--|---|--|
| <b>DOCUMENT # C10113</b><br>1. Entity Name<br><b>WILDWOOD LODGE NO. 92 FREE AND ACCEPTED<br/>MASONS OF FLORIDA</b>   |  |                     |  |                            |  |
| Principal Place of Business<br><b>C/O ROY CONNOR SHEPPARD<br/>220 OCEAN ST<br/>JACKSONVILLE, FL 32202 US</b>   |  |                     | Mailing Address<br><b>C/O ROY CONNOR SHEPPARD<br/>220 OCEAN ST<br/>JACKSONVILLE, FL 32202 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |  |   |  |
| City & State   |  | City & State        |  |   |  |
| Zip  | Country  | Zip                 | Country  | 4. FEI Number<br><b>59-1652673</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                     |  | <b>\$8.75 Additional<br/>Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent -  |  |                     | 7. Name and Address of New Registered Agent  |   |  |
| <b>SHEPPARD, ROY CONNOR<br/>220 OCEAN STREET<br/>JACKSONVILLE, FL 32202</b>  |  |                     | <b>Lynn, Richard Edward<br/>220 Ocean Street<br/>Jacksonville, Florida 32202</b>                 |   |  |
| 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 <b>3/13/08</b>  |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |  |                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>              |   |  |
| <b>\$5.00 May Be<br/>Added to Fees</b>   |  |                     | <b>Make check payable to<br/>Florida Department of State</b>                                     |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                     |   |  |
| TITLE <input checked="" type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>HUGHES, JACK W</b><br><b>3652 COUNTY RD 230 A</b><br><b>WILDWOOD, FL 34785</b>                |                     | TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D</b><br><b>CLARKE, RICHARD K</b><br><b>POB 317</b><br><b>SANFORD, FL 327720317</b>                       |                     | TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <b>JUNIOR WARDEN (D)</b><br><b>Thomas Harry Pickett</b><br><b>5053 CR 125 A</b><br><b>Wildwood FL 34785</b> |  |
| TITLE <input checked="" type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>SIFFORD, STEPHEN L</b><br><b>3194 NE 37TH PL</b><br><b>WILDWOOD, FL 34785</b>                 |                     | TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>ASHBURN, EDDIE LEE SR</b><br><b>16721 SE 102ND CRT RD</b><br><b>SUMMERFIELD, FL 344916664</b> |                     | TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <b>SECRETARY (D)</b><br><b>Dennis Carl Ricker</b><br><b>2038 Lewis Rd</b><br><b>Leesburg FL 34748-9730</b>  |  |
| TITLE <input checked="" type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D</b><br><b>THAYER, DAVID C</b><br><b>9223 SE 179TH OSAGE PL</b><br><b>THE VILLAGES, FL 32162</b>         |                     | TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:    |  |                     | DATE <b>3/11/2008</b>  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>DENNIS C. RICKER</b>   |  |                     | DAYTIME PHONE # <b>352-455-7083</b>  |   |  |

40049514



01212008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent -

7. Name and Address of New Registered Agent  
Lynn, Richard Edward  
220 Ocean Street  
Jacksonville, Florida 32202

FL No Cash

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

Filing Fee is \$61.25 Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

JUNIOR WARDEN (D) Thomas Harry Pickett 5053 CR 125 A Wildwood FL 34785

SECRETARY (D) Dennis Carl Ricker 2038 Lewis Rd Leesburg FL 34748-9730

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DENNIS C. RICKER

DATE: 3/11/2008

DAYTIME PHONE #: 352-455-7083