

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90256 003 ****61.25

DOCUMENT # C10115

1. Entity Name
**OLIN S. WRIGHT LODGE NO. 79 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.

03052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7526377

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

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
ALDERMAN, FLOYD K
4140 RICE RD
PLANT CITY, FL 33566** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MAY, ROBERT A
P.O. BOX 1539 N/A
PLANT CITY, FL 335641539** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
BROWN, DENNIS W
P.O. BOX 4692
PLANT CITY, FL 33564** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
ROUNDS, ROBERT W
112 W BATES ST
PLANT CITY, FL 33566** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WILSON, WILLIAM H
2825 CLUB HOUSE DR
PLANT CITY, FL 33567** ☐ 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
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
Robert Weirley Round
112 W Bates St
Plant City FL 33566-6502**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☒ Change ☒ Addition
Royce Allen Yancey
811 S Wiggins Rd
Plant City FL 33566-7242**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☒ Change ☒ Addition
Philip Pledger Bethea
1801 Preservation Dr
Plant City FL 33566-0943**

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

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

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

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: Robert A. May **ROBERT A. MAY**, Sec. 4/2/04 (813) 752-8061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #