

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90475 005 \*\*\*\*61.25

**DOCUMENT # C10117**



1. Entity Name  
**BOWLING GREEN LODGE NO. 121 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**

**34063740**



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  
**23-7526413**

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 STREET  
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 ☐ Delete  
**WMD**  
STREET ADDRESS  
**TOOLE, COURTNEY E**  
CITY-ST-ZIP  
**4349 CR 664**  
**BOWLING GREEN, FL 33834**

TITLE ☒ NAME ☐ Delete  
**SWD**  
STREET ADDRESS  
**ALBRITTON, ROY F**  
CITY-ST-ZIP  
**2650 KELSEY RD**  
**BOWLING GREEN, FL 33834**

TITLE ☒ NAME ☐ Delete  
**JWD**  
STREET ADDRESS  
**IOANNIDIS, JOHN**  
CITY-ST-ZIP  
**102 INGLIS WAY**  
**WAUCHULA, FL 33873**

TITLE ☒ NAME ☐ Delete  
**SD**  
STREET ADDRESS  
**EURES, JAMES H**  
CITY-ST-ZIP  
**P.O. BOX 764**  
**BOWLING GREEN, FL 338349508**

TITLE ☒ NAME ☐ Delete  
**T**  
STREET ADDRESS  
**JOHN C BRANNON**  
CITY-ST-ZIP  
**PO BOX 777 (N/A)**  
**BOWLING GREEN, FL 33834**

TITLE ☐ NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James H. Eures, Sec.**

Date

Daytime Phone #

**4-14-04**

**(863) 375-4486**  
**534-5152**