

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2008 90017 010 ****61.25

DOCUMENT # C10122

1. Entity Name
**APALACHICOLA LODGE NO. 76 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**

90043011



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
23-7526374

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**

**Lynn Richard Edwards
220 Ocean Street
Jacksonville, Florida 32202**

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, and it hereby accepts 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

3/13/08

**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

TITLE ☒ Delete
NAME **SW**
STREET ADDRESS **CREAMER, JEFFERY W**
CITY-ST-ZIP **265 MORRIS CANNON RD
APALACHICOLA, FL 32320**

TITLE ☐ Change ☒ Addition
NAME **WORSHIPFUL MASTER (D)**
STREET ADDRESS **Lynn Hutton Griner**
CITY-ST-ZIP **630 Bluff Rd
Apalachicola FL 32320-1106**

TITLE ☒ Delete
NAME **WD**
STREET ADDRESS **MOORE, ELTON R**
CITY-ST-ZIP **PO BOX 580
EASTPOINT, FL 323280580**

TITLE ☐ Change ☒ Addition
NAME **SENIOR WARDEN (D)**
STREET ADDRESS **Andrew Delynn Page**
CITY-ST-ZIP **345 Old Ferry Dock Rd
Eastpoint FL 32328-3351**

TITLE ☒ Delete
NAME **JW**
STREET ADDRESS **PAGE, ANDREW D**
CITY-ST-ZIP **P.O. BOX 392
EASTPOINT, FL 32328**

TITLE ☐ Change ☒ Addition
NAME **JUNIOR WARDEN (D)**
STREET ADDRESS **Vernon Leroy King**
CITY-ST-ZIP **141 14th St Apt 26
Apalachicola FL 32320**

TITLE ☒ ☐ Delete
NAME **S**
STREET ADDRESS **BARTON, CHARLEY EDWARD**
CITY-ST-ZIP **P.O. BOX 272
EASTPOINT, FL 323280272**

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

TITLE ☒ ☐ Delete
NAME **TD**
STREET ADDRESS **DUNCAN, CARL W**
CITY-ST-ZIP **1416 BLUFF RD
APALACHICOLA, FL 323201010**

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

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

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

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: **X** *Charley Edward Barton, Sec. C.E. Barton*

3-8-08 850-670-4139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #