

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-13-2007 90015 036 \*\*\*\*61.25

FILED

2007 MAR 26 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

90034815



01202007 Chg-NP CR2E037 (12/06)

DOCUMENT # C10134

1. Entity Name  
**WILLIAM B. BARNETT LODGE NO. 187 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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-0143448**

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

**SHEPPARD, ROY CONNER  
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, 2007**

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 ☒ D ☐ Delete  
NAME **WARE, RAYMOND D JR**  
STREET ADDRESS **54 E 31ST ST**  
CITY-ST-ZIP **JACKSONVILLE, FL 32206**

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

TITLE ☒ D ☐ Delete  
NAME **TRENT, MICHAEL P**  
STREET ADDRESS **7372 WENDING CT S**  
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE ☐ Change ☒ Addition  
NAME **WORSHIPFUL MASTER (D)**  
STREET ADDRESS **Tony Collada Gagarin**  
CITY-ST-ZIP **5068 Toproyal Ln**

TITLE ☒ D ☐ Delete  
NAME **EZELL, BRIAN L**  
STREET ADDRESS **5222 SHARON TER**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Change ☒ Addition  
NAME **SENIOR WARDEN (D)**  
STREET ADDRESS **John Hansford Joiner**  
CITY-ST-ZIP **8222 Monmouth Way**

TITLE ☒ D ☐ Delete  
NAME **TOWNS, ALVIN M**  
STREET ADDRESS **10945 SCOTT HILL ROAD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

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

TITLE ☒ D ☐ Delete  
NAME **JW PENDER, KENNETH C**  
STREET ADDRESS **4847 POLARIS ST**  
CITY-ST-ZIP **JACKSONVILLE, FL 322055026**

TITLE ☐ Change ☒ Addition  
NAME **JUNIOR WARDEN (D)**  
STREET ADDRESS **Mark Steven McNew**  
CITY-ST-ZIP **P O Box 350001 N/A**

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

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **RAYMOND D. WARE** **3/6/07** **904 396 7011**