

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-13-2007 90015 030 ***61.25

FILED

2007 MAR 26 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10136

1. Entity Name
FORT MEADE LODGE NO. 160 FREE AND ACCEPTED
MASONS OF FLORIDA



Principal Place of Business
C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US

Mailing Address
C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01202007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
23-7526434

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 \$81.25
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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME SWD
GREER, ADOLPHUS H ☒ Delete
STREET ADDRESS 100 N ORANGE AVE
CITY-ST-ZIP FORT MEADE, FL 33841

TITLE
NAME WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
NAME Adolphus Hawkes Greer
STREET ADDRESS 100 N Orange Ave
CITY-ST-ZIP Fort Meade FL 33841-3042

TITLE
NAME WMD
MCAULEY, JAY R ☒ Delete
STREET ADDRESS 1110 SAND PIPER CT
CITY-ST-ZIP LAKELAND, FL 33813

TITLE
NAME SENIOR WARDEN (D) ☐ Change ☒ Addition
NAME Michael David Prevatt
STREET ADDRESS 2150 Brook Rd N
CITY-ST-ZIP Fort Meade FL 33841-2550

TITLE
NAME JWD
APKER, CHARLES A ☒ Delete
STREET ADDRESS 300 S WASHINGTON AVE #210
CITY-ST-ZIP FORT MEADE, FL 33841

TITLE
NAME JUNIOR WARDEN (D) ☐ Change ☒ Addition
NAME Rex Earl Helms
STREET ADDRESS 802 Olandt Ave
CITY-ST-ZIP Fort Meade FL 33841-2332

TITLE
NAME SD
WHIPPLE, KURT T ☒ Delete
STREET ADDRESS 3820 DOVE TAIL LANE
CITY-ST-ZIP LAKELAND, FL 33813

TITLE
NAME SECRETARY (D) ☐ Change ☒ Addition
NAME Arthur Gary Cavanaugh
STREET ADDRESS 1006 Ohio St SE
CITY-ST-ZIP Fort Meade FL 33841-3162

TITLE
NAME T
MINCEY, RONALD C ☐ Delete
STREET ADDRESS 816 NE 5TH STREET
CITY-ST-ZIP FORT MEADE, FL 33841

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

Arthur Gary Cavanaugh

ARTHUR GARY CAVANAUGH

MAR 7 2007

863-285-6336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #