


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90203 005 ****61.25

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # C10138 1. Entity Name HASTINGS LODGE NO. 183 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. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1912785 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | WMD <input checked="" type="checkbox"/> Delete | | | | |
| NAME | SCHENCK, ROBERT C | | | | |
| STREET ADDRESS | 134 COMMERCIAL AVE | | | | |
| CITY-ST-ZIP | EAST PALATKA, FL 32131 | | | | |
| TITLE | JWD <input checked="" type="checkbox"/> Delete | | | | |
| NAME | ALLEN GRAY, RICHARD | | | | |
| STREET ADDRESS | 440 GLADYS ST | | | | |
| CITY-ST-ZIP | HASTINGS, FL 321454707 | | | | |
| TITLE | SD <input checked="" type="checkbox"/> Delete | | | | |
| NAME | KRONZ, THOMAS M SR | | | | |
| STREET ADDRESS | 8700-A BARRELL FACTORY RD | | | | |
| CITY-ST-ZIP | HASTINGS, FL 321455404 | | | | |
| TITLE | D <input type="checkbox"/> Delete | | | | |
| NAME | WATSON, DOYLE R | | | | |
| STREET ADDRESS | 214 AZALEA CIR. | | | | |
| CITY-ST-ZIP | PALATKA, FL 321774208 | | | | |
| TITLE | T <input checked="" type="checkbox"/> Delete | | | | |
| NAME | PELLICER, ERNEST WALTON II | | | | |
| STREET ADDRESS | 132 BUFFALO BLUFF RD | | | | |
| CITY-ST-ZIP | PALATKA, FL 321778300 | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| Richard Allen Gray | | | | | |
| 4400 Gladys St | | | | | |
| Hastings, FL 321454707 | | | | | |
| JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| Donald Earl Rollison Jr | | | | | |
| P O BOX 439 N/A | | | | | |
| LAKE COMO FL 32157-0439 | | | | | |
| SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| Robert Stanley Cain Jr | | | | | |
| 6950 C R 305 | | | | | |
| Elkton FL 32033-3812 | | | | | |
| TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | | |
| Raymond Glenburn DeFord Jr | | | | | |
| 8245 Morrison Rd | | | | | |
| Hastings FL 32145-3917 | | | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | |
| 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: <u>Robert S. Cain Jr</u> <u>RSCain</u> <u>3/21/06</u> <u>904 6691015</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |