


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90168 035 ****61.25

DOCUMENT # C10142 1. Entity Name PALMETTO LODGE NO. 110 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		
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	
				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 _____ <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, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEARER, DONALD A		NAME	Jesse Lamar Johnson	
STREET ADDRESS	3701 14TH ST WEST		STREET ADDRESS	4607 34th St W	
CITY-ST-ZIP	BRADENTON, FL 342056169		CITY-ST-ZIP	Bradenton FL 34210-3205	
TITLE	SW	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, JESSE L		NAME	Richard Arlen Wallis	
STREET ADDRESS	4607 34TH ST WEST		STREET ADDRESS	5030 14th St W #H-14	
CITY-ST-ZIP	BRADENTON, FL 342103205		CITY-ST-ZIP	Bradenton FL 34207-2415	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EDWARDS, DERRYL T		NAME	Donald Angelo Shearer	
STREET ADDRESS	5657 MANATEE AVE W		STREET ADDRESS	3701 14th St W #69	
CITY-ST-ZIP	BRADENTON, FL 342091716		CITY-ST-ZIP	Bradenton FL 34205-6169	
TITLE	S	<input type="checkbox"/> Delete	TITLE		
NAME	DIELMAN, RAY W		NAME		
STREET ADDRESS	2725 TERRA CEIA BAY BLVD #208		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 342215934		CITY-ST-ZIP		
TITLE	JW	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	WALLS, RICHARD A		NAME		
STREET ADDRESS	5030 14TH ST WEST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 342072415		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Ray Dielman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-26-07 Daytime Phone # 941-722-4374		

40049310



01202007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6143409

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

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	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHEARER, DONALD A		NAME	Jesse Lamar Johnson	
STREET ADDRESS	3701 14TH ST WEST		STREET ADDRESS	4607 34th St W	
CITY-ST-ZIP	BRADENTON, FL 342056169		CITY-ST-ZIP	Bradenton FL 34210-3205	
TITLE	SW	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, JESSE L		NAME	Richard Arlen Wallis	
STREET ADDRESS	4607 34TH ST WEST		STREET ADDRESS	5030 14th St W #H-14	
CITY-ST-ZIP	BRADENTON, FL 342103205		CITY-ST-ZIP	Bradenton FL 34207-2415	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	EDWARDS, DERRYL T		NAME	Donald Angelo Shearer	
STREET ADDRESS	5657 MANATEE AVE W		STREET ADDRESS	3701 14th St W #69	
CITY-ST-ZIP	BRADENTON, FL 342091716		CITY-ST-ZIP	Bradenton FL 34205-6169	
TITLE	S	<input type="checkbox"/> Delete	TITLE		
NAME	DIELMAN, RAY W		NAME		
STREET ADDRESS	2725 TERRA CEIA BAY BLVD #208		STREET ADDRESS		
CITY-ST-ZIP	PALMETTO, FL 342215934		CITY-ST-ZIP		
TITLE	JW	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	WALLS, RICHARD A		NAME		
STREET ADDRESS	5030 14TH ST WEST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 342072415		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Ray Dielman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-26-07** Daytime Phone # **941-722-4374**