



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90085 029 ****61.25

DOCUMENT # C10146 1. Entity Name PORT ST. JOE LODGE NO. 111 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		 03042005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 33-0300879				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202	
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 _____ <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, 2005		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 type="checkbox"/> Delete	TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Addition	
NAME	ROBINSON, RICHARD LEE		NAME	Richard Lee Robinson	
STREET ADDRESS	302 16TH STREET		STREET	302 16th St	
CITY-ST-ZIP	PORT SAINT JOE, FL 324560302		CITY-ST-	Port Saint Joe FL 32456-0302	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME	DAVIS, TOMMY RICHARD		NAME	William J Guilford	
STREET ADDRESS	521 4TH STREET		STREET AC	P O Box 13818	
CITY-ST-ZIP	PORT SAINT JOE, FL 324561767		CITY-ST-	Mexico Beach FL 32410-3818	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME	WILLIAM, JAY F		NAME	Forrest Bennett	
STREET ADDRESS	127 WESTCOTT CIR		STREET /	323 Coronado St	
CITY-ST-ZIP	PORT SAINT JOE, FL 32456		CITY-ST-	Port Saint Joe FL 32456-6470	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Addition	
NAME	HANCOCK, MICHAEL ROY		NAME	Joseph Jackson Pippin	
STREET ADDRESS	221 HUNT LANE		STREET A	353 Pineda St	
CITY-ST-ZIP	WEWAHITCHKA, FL 324659418		CITY-ST-	Port Saint Joe FL 32456-6439	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	WILLIAM FRANCIS JORDAN		NAME		
STREET ADDRESS	P.O. BOX 13253 N/A		STREET ADDRESS		
CITY-ST-ZIP	MEXICO BEACH, FL 324103253		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	WATSON, WILLIAM F		NAME		
STREET ADDRESS	1301 PALM BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT JOE, FL 324562139		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Joseph Pippin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>4-23-05</i> Daytime Phone #: <i>904-354-2339</i>		