



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90026 010 \*\*\*\*61.25

<b>DOCUMENT # C10146</b> 1. Entity Name <b>PORT ST. JOE LODGE NO. 111 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>				Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>	
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 <b>33-0300879</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	OFFICERS AND DIRECTORS IN 10	
NAME	ROBINSON, RICHARD LEE		NAME	James Larry McArdle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	302 16TH STREET		STREET ADDRESS	7512 Alabama Ave	
CITY-ST-ZIP	PORT SAINT JOE, FL 324560302		CITY-ST-ZIP	Port Saint Joe FL 32456-6309	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBINSON, RICHARD LEE		NAME	Perry Junior McFarland	
STREET ADDRESS	302 16TH ST		STREET ADDRESS	109 Yaupon Street	
CITY-ST-ZIP	PORT SAINT JOE, FL 324560302		CITY-ST-ZIP	Port St Joe FL 32456	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GUILFORD, WILLIAM J		NAME	Jay Franklin Williams Jr	
STREET ADDRESS	P.O. BOX 13818		STREET ADDRESS	127 Westcott Cir	
CITY-ST-ZIP	MEXICO BEACH, FL 324103818		CITY-ST-ZIP	Port Saint Joe FL 32456-163	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENNETT, FORREST		NAME	John Lyle Grantland	
STREET ADDRESS	323 CORONADO ST		STREET ADDRESS	1310 Palm Blvd	
CITY-ST-ZIP	PORT SAINT JOE, FL 324566470		CITY-ST-ZIP	Port St Joe FL 32456	
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIPPIN, JOSEPH JACKSON		NAME		
STREET ADDRESS	353 PINEDA ST		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT JOE, FL 324566439		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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.					
<b>SIGNATURE:</b> <i>X Perry J. McFarland</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>Perry McFarland</i> <b>3-14-06</b> <b>850-229-6153</b> <small>Date Daytime Phone #</small>		