

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

03-23-2007 90015 037 ****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 - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country																																																																																																																										
4. FEI Number 33-0300879				Applied For ☐ Not Applicable																																																																																																																									
5. Certificate of Status Desired ☐				\$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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)																																																																																																																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">WMD</td> <td style="width: 10%; text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>MCARDLE, JAMES L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7512 ALABAMA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT SAINT JOE, FL 324568309</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MC FARLAND, FERRY J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>109 YAUPON ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT SAINT JOE, FL 32456</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SWD</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, JAY F JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>127 WESTCOTT CIR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT SAINT JOE, FL 32456163</td> <td></td> </tr> <tr> <td>TITLE</td> <td>JWD</td> <td style="text-align: center;">☒ Delete</td> </tr> <tr> <td>NAME</td> <td>GRANTLAND, JOHN L</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1310 PALM BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT SAINT JOE, FL 32456</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>WATSON, WILLIAM F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1301 PALM BLVD.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT SAINT JOE, FL 324562139</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">PERSONNEL MASTER (D)</td> <td style="width: 10%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>Jay Franklin Williams Jr</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>127 Westcott Cir</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port Saint Joe, FL 32456-1639</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SENIOR WARDEN (D)</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>John Lyle Grantland</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>103 Periwinkle Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port Saint Joe, FL 32456-5113</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SENIOR WARDEN (D)</td> <td style="text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td>Karl Stanford Price</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>108 Monica Dr</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Port Saint Joe, FL 32457-1127</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	WMD	☒ Delete	NAME	MCARDLE, JAMES L		STREET ADDRESS	7512 ALABAMA AVE		CITY-ST-ZIP	PORT SAINT JOE, FL 324568309		TITLE	SD	☐ Delete	NAME	MC FARLAND, FERRY J		STREET ADDRESS	109 YAUPON ST		CITY-ST-ZIP	PORT SAINT JOE, FL 32456		TITLE	SWD	☒ Delete	NAME	WILLIAMS, JAY F JR		STREET ADDRESS	127 WESTCOTT CIR		CITY-ST-ZIP	PORT SAINT JOE, FL 32456163		TITLE	JWD	☒ Delete	NAME	GRANTLAND, JOHN L		STREET ADDRESS	1310 PALM BLVD		CITY-ST-ZIP	PORT SAINT JOE, FL 32456		TITLE	TD	☐ Delete	NAME	WATSON, WILLIAM F		STREET ADDRESS	1301 PALM BLVD.		CITY-ST-ZIP	PORT SAINT JOE, FL 324562139		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	PERSONNEL MASTER (D)	☒ Change ☐ Addition	NAME	Jay Franklin Williams Jr		STREET ADDRESS	127 Westcott Cir		CITY-ST-ZIP	Port Saint Joe, FL 32456-1639		TITLE	SENIOR WARDEN (D)	☒ Change ☐ Addition	NAME	John Lyle Grantland		STREET ADDRESS	103 Periwinkle Dr		CITY-ST-ZIP	Port Saint Joe, FL 32456-5113		TITLE	SENIOR WARDEN (D)	☐ Change ☒ Addition	NAME	Karl Stanford Price		STREET ADDRESS	108 Monica Dr		CITY-ST-ZIP	Port Saint Joe, FL 32457-1127		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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>Perry J. McFarland</i> PERRY J. MCFARLAND 3-16-07																																																																																																																													