

FILE NOW: FILING FEE IS \$67.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10148

1. Corporation Name

**NATURAL BRIDGE LODGE NO. 106 FREE AND
ACCEPTED MASONS OF FLORIDA**

Principal Place of Business

Mailing Address

**c/o Roy Connor Sheppard same
220 Ocean Street
Jacksonville, FL 32202**

3. Date Incorporated or Qualified

06/30/1992

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number

23-7526401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE, FL 32202**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP
W.M. (D) ☐ DELETE
Simpler, Carlis C.
P. O. Box 446 N/A
Kinston, AL 36453-0446

TITLE NAME STREET ADDRESS CITY-ST-ZIP
S.W. (D) ☐ DELETE
Pryor, Jr., Arnie
Rt. 2, Box 277
Westville, FL 32464-9310

TITLE NAME STREET ADDRESS CITY-ST-ZIP
J.W. (D) ☐ DELETE
Robert Wilkerson
Rt. 2, Box 283
Westville, FL 32464-9312

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Sec/Treas (D) ☐ DELETE
Pridgen, Kenneth S.
Rt. 3, Box 151-A
DeFuniak Springs, FL 32433

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Treas (D) ☒ DELETE
Leland S. Pridgen
State Road 15 N/A
DeFuniak, FL 32433-9521

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600001868706

-06/20/96--01019--001

*****428.75**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth S. Pridgen

5-24-96

904-834-2670

Daytime Phone #

CR2E037 (12/95)