

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90012 026 \*\*\*\*61.25

**DOCUMENT # C10148**

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



Principal Place of Business  
**SHEPPARD, ROY CONNOR  
220 OCEAN ST.  
JACKSONVILLE, FL 32202 US**

Mailing Address  
**SHEPPARD, ROY CONNOR  
220 OCEAN ST.  
JACKSONVILLE, FL 32202 US**

40034140



05172006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
**23-7526401**

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 ST  
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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD PRYOR, ARNIE JR 14 FARM ROAD WESTVILLE, FL 32464 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, JAMES L SW 138 SCHAFIELD RD DEFUNIAK SPRINGS, FL 32433 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD WILKERSON, ROBERT 1563 HWY 181 WESTVILLE, FL 32464 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COLLINGWORTH, KIE 1263 HEMPHILL RD DEFUNIAK SPRINGS, FL 324330766 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRIDGEN, KENNETH S 17443 HWY 83 N DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Warden (D) Head, William T. 17788 State Hwy. 83 N. Defuniak Springs, FL 32433-0740 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (D) Campbell, James L. 138 Schofield Road DeFunia Springs, FL 32433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Kenneth S. Pridgen* **Kenneth S. Pridgen** **5-14-06** **850-834-6328**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #