

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **C10152** (2)

1. Corporation Name

**ASHMORE LODGE NO. 102 FREE AND ACCEPTED MASONS O
F FLORIDA**

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
US**

**ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7184986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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 617.1506, 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 of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RODDENBERRY, JAMES ALFRED	
STREET ADDRESS	PO BOX 184 N/A	
CITY-ST-ZIP	SOPCHOPPY FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNER, DONALD MCCRARY	
STREET ADDRESS	3138 JOREE LANE	
CITY-ST-ZIP	TALLAHASSEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WELCH, MARK DOUGLAS	
STREET ADDRESS	125 EDGEWOOD DR	
CITY-ST-ZIP	CRAWFORDVILLE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEPHENS, WILLIAM BOYD	
STREET ADDRESS	BOX 266 N/A	
CITY-ST-ZIP	SOPCHOPPY FL 66	

TITLE	D	<input type="checkbox"/> DELETE
NAME	VILLIARD, KEVIN PAUL	
STREET ADDRESS	PO BOX 94 N/A	
CITY-ST-ZIP	SOPCHOPPY FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. **WORSHIPFUL MASTER (D)**
1.1 TI **William Boyd Stephens**
1.2 NI **PO Box 266 N/A**
1.3 SI **Sopchoppy FL 32358-0266**

SECRETARY (D)
2.1 TI **Kevin Paul Villiard**
2.2 NI **P O Box 101 N/A**
2.3 SI **Sopchoppy FL 32358**

SENIOR WARDEN (D)
3.1 TI **Donald McCrary Turner**
3.2 NI **3138 Joree Lane**
3.3 SI **Tallahassee FL 32303**

SENIOR WARDEN (D)
4.1 TI **Andrew Lawrence Roberts**
4.2 NI **35 Gibson Rd**
4.3 STR **Sopchoppy FL 32358-1730**

TREASURER (D)
5.1 TI **George Moulton Yates**
5.2 NI **1221 N Boulevard St**
5.3 STR **Tallahassee FL 32303**

6.1 TI
6.2 NI
6.3 STR
6.4 CITY-ST-ZIP

14. IS AND DIRECTORS IN 12

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14. 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 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 on an attachment with an address.

SIGNATURE: **G.M. Yates**

4-10-98

850-224-7422

CR2E037 (10/97)