

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90475 009 ****61.25

DOCUMENT # C10152

1. Entity Name
ASHMORE LODGE NO. 102 FREE AND ACCEPTED
MASONS OF FLORIDA



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

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

94065742



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7184986

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE, FL 32202

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 May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WMD
RODDNBERRY, WILLIAM W
PO BOX 464
SOPCHOPPY, FL 32358 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
James William McMullen
2758 SPRING CREEK HWY
CRAWFORDVILLE FL 32327-4305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SWD
MCMULLEN, JAMES W
2758 SPRING CREEK HWY
CRAWFORDVILLE, FL 32327 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SENIOR WARDEN (D) ☒ Addition
William Boyd Stephens
PO Box 266 N/A

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WMD
ROBERTS, ANDREW L
35 GIBSON RD.
SOPCHOPPY, FL 32358 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JUNIOR WARDEN (D) ☒ Addition
William Wesley Roddenberry
P O Box 464 N/A

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SWD
PIGOTT, PAUL V
45 MEDART V.P.D.-LN
CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER (D) ☒ Addition
Andrew Lawrence Roberts
35 Gibson Rd

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
YATES, GEORGE M
501 W. BREVARD ST.
TALLAHASSEE, FL 32301 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sopchoppy FL 32358-1730 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul Pigott Paul Pigott, S.W. 4-13-04 850 926 6216