

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90142 014 ****61.25



03042005 Chg-NP CR2E037 (10/03)

DOCUMENT # C10152 1. Entity Name ASHMORE LODGE NO. 102 FREE AND ACCEPTED MASON 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7184986	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAM MCMULLEN, JAMES		NAME		
STREET ADDRESS	2758 SPRING CREEK HWY		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 323274305		CITY-ST-ZIP		
TITLE	SWD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYD STEPHENS, WILLIAM		NAME		
STREET ADDRESS	PO BOX 266		STREET ADDRESS		
CITY-ST-ZIP	SOPCHOPPY, FL 323580266		CITY-ST-ZIP		
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WESLEY RADDENBERRY, WILLIAM		NAME	JUNIOR WARDEN (D)	
STREET ADDRESS	PO BOX 464		STREET ADDRESS	Ephraim Walter McMullen	
CITY-ST-ZIP	SOPCHOPPY, FL 323580464		CITY-ST-ZIP	2740 Spring Creek Hwy	
TITLE	SWD	<input type="checkbox"/> Delete	TITLE	Crawfordville FL 32327-4305	
NAME	PIGOTT, PAUL V		NAME	SECRETARY	
STREET ADDRESS	45 MEDART V.P.D.-LN		STREET ADDRESS	Paul Verlin Pigott	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	45 Medart VFD Ln	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Crawfordville FL 32327-4523	
NAME	LAWRENCE ROBERTS, ANDREW		NAME		
STREET ADDRESS	35 GIBSON RD		STREET ADDRESS		
CITY-ST-ZIP	SOPCHOPPY, FL 323581730		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Paul Pigott</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-13-05 850-926-6216 <small>Date Daytime Phone #</small>		