

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90278 048 ****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**

50006118



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7184986

Applied For
Not Applicable

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☒ WILLIAM MCMULLEN, JAMES ☐ Delete
STREET ADDRESS
CITY-ST-ZIP 2758 SPRING CREEK HWY
CRAWFORDVILLE, FL 323274305

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP SWD
BOYD STEPHENS, WILLIAM
PO BOX 266
SOPCHOPPY, FL 323580266

SENIOR WARDEN (D) ☒ Change ☐ Addition
Ephrin Walter McMullen
2740 Spring Creek Hwy
Crawfordville FL 32327-4305

TITLE
NAME ☒ Delete
STREET ADDRESS
CITY-ST-ZIP JWD
MCMULLEN, EPHRIN W
2740 SPRING CREEK HWY
CRAWFORDVILLE, FL 323274308

JUNIOR WARDEN (D) ☐ Change ☒ Addition
Kevin Paul Villiard
659 Persimmon Rd
Sopchoppy FL 32358-0862

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☒ Delete
STREET ADDRESS
CITY-ST-ZIP T
LAWRENCE ROBERTS, ANDREW
35 GIBSON RD
SOPCHOPPY, FL 323581730

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Paul Pigott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-06

Date

850-926-6216

Daytime Phone #