


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90026 005 \*\*\*\*61.25

**DOCUMENT # C10156**

1. Entity Name  
**MARION-DUNN LODGE NO. 19 FREE AND ACCEPTED MASONS OF FLORIDA**



Principal Place of Business  
**C/O ROY CONNER SHEPPARD  
 220 OCEAN ST  
 JACKSONVILLE, FL 32202**

Mailing Address  
**C/O ROY CONNER SHEPPARD  
 220 OCEAN ST  
 JACKSONVILLE, FL 32202**



02012006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business  
**1846 SE 36th Avenue**

3. Mailing Address  
**1836 SE 36th Avenue**

Suite, Apt. #, etc.

City & State  
**Ocala, Florida**

Zip  
**34471**

Country  
**Marion**

4. FEI Number  
**59-1381586**

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 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD MCCONNELL, DAVID L 15 TEAK COURSE OCALA, FL 344728654	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, PAUL E JR 604 SE 51ST AVE OCALA, FL 344713387	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEFFCOAT, HOWARD T P O BOX 744 N/A OCALA, FL 344780744	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD STORY, JOHN R 89 WATER TRACK OCALA, FL 344828262	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD POEHLMAN, LADD G 200 NW 47TH PLACE OCALA, FL 344759510	<input checked="" 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	WORSHIPFUL MASTER (D) Ladd Gene Poehlman 200 NW 47th Pl Ocala FL 34475-9510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) John Richard Story 89 Water Trak Ocala FL 34472-8262	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) Paul Douglas Dvircher 6160 SE 37th Ter Ocala FL 34480-9009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) Paul William Ferguson Sr 1110 NE 42nd Ave Ocala FL 34470-1055	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) Edward Hunter Foster 2150 NE 8th St Ocala FL 34470-6211	<input type="checkbox"/> Change <input checked="" 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:** Paul W. Ferguson, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/06/2006** **352-694-2461**  
Date Daytime Phone #