

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90278 035 ****61.25

DOCUMENT # C10164

1. Entity Name
**PEACE RIVER LODGE NO. 66 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**

50006131



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2443900

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, 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
STREET ADDRESS
CITY-ST-ZIP
**WMD
BLITCH, JAMES D
3711 SE ARTHUR STREET
ARCADIA, FL 342661706** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
James Allen Rider
1736 SE Apple Drive
Arcadia FL 34266**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
RIDER, JAMES A
P O BOX 1831
ARCADIA, FL 342661831** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☒ Change ☐ Addition
Darrin R Halley
9082 SW Liverpool Rd
Arcadia FL 34269-7064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
HUSSEY, DARRIN R
9082 SW LIVERPOOL ROAD
ARCADIA, FL 342697064** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☐ Change ☒ Addition
Fulton Joseph Smedley
1766 SE Hargrave St
Arcadia FL 34266-7954**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
DARR, ROBERT L
P O BOX 2182
ARCADIA, FL 342652182** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY (D) ☒ Change ☐ Addition
Robert Lee Carr
P O Box 2182 N/A
Arcadia FL 34265-2182**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WITT, DALE R
1963 SE CHERRY DR
ARCADIA, FL 34266** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER (D) ☒ Change ☐ Addition
Robert Davis Rice
2470 SW Charlotte Street
Arcadia FL 34266-6723**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

Robert L Carr **SECRETARY**, **ROBERT L. CARR** 3/14/06 863-494-6102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #