

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90112 001 *4,838.75

DOCUMENT # C10180

1. Corporation Name

BRENTWOOD LODGE NO. 363 FREE AND ACCEPTED MASONS
OF FLORIDA

Principal Place of Business

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202

Mailing Address

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7526575

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

N/A
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE WMD
NAME KINLEY, CHARLES
STREET ADDRESS 8 OLEANDER ST
CITY-ST-ZIP PENSACOLA FL 32503 ☒ DELETE

TITLE SD
NAME RAEURN LAMAR FILLINGIM
STREET ADDRESS 5910 DUCHESS RD
CITY-ST-ZIP PENSACOLA FL 32503 ☒ DELETE

TITLE SWD
NAME TURLINGTON, JR, ELWOOD T
STREET ADDRESS 6115 EAST SHORE DRIVE
CITY-ST-ZIP PENSACOLA FL 32505 ☒ DELETE

TITLE TD
NAME BRYANT, JAMES L
STREET ADDRESS 34 WHITEHEAD DR
CITY-ST-ZIP PENSACOLA FL 32503 ☐ DELETE

TITLE JWD
NAME ANDERSON, FRANKLIN D
STREET ADDRESS 32600 CEDAR RIDGE LANE
CITY-ST-ZIP SEMINOLE AL 36574-2747 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE WORSHIPFUL MASTER (D) ☒ Addition
1.2 NAME Elwood Thomas Turlington Jr,
1.3 STREET ADDRESS 6115 East Shore Dr
1.4 CITY-ST-ZIP Pensacola FL 32505 ☐ Addition

2.1 TITLE SENIOR WARDEN (D) ☒ Addition
2.2 NAME Charles Anderson Owens Jr
2.3 STREET ADDRESS 2733 Kelso Road
2.4 CITY-ST-ZIP Pensacola FL 32514 ☐ Addition

3.1 TITLE JUNIOR WARDEN (D) ☒ Addition
3.2 NAME Gene Alfred Davis
3.3 STREET ADDRESS 25939 Pine Crest Dr
3.4 CITY-ST-ZIP Robertsdale AL 36567 ☐ Change ☐ Addition

4.1 TITLE SECRETARY (D) ☒ Addition
4.2 NAME Alan Brian Carr
4.3 STREET ADDRESS 1130 Medford Ave
4.4 CITY-ST-ZIP Pensacola FL 32503 ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X E. Turlington Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/99

Date

850-478-5250

Daytime Phone #

CR2E037 (1/98)