

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90017 017 ****61.25

DOCUMENT # C10187

1. Entity Name
**TARPON LODGE NO. 112 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**

40049510



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-2387667

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 STREET
JACKSONVILLE, FL 32202**

**Lynn, Richard Edward
220 Ocean Street
Jacksonville, Florida 32202**

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, 2008**

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 **D** ☒ Delete
NAME **KING, MATTHEW F**
STREET ADDRESS **717 SANDY HILLS AVE.**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE **D** ☒ Delete
NAME **PFANNSCHMIDT, GEORGE F JR**
STREET ADDRESS **2218 CITRUS HILL LANE**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☒ **T** ☐ Delete
NAME **CLYDE HENDERSON, PHILLIP**
STREET ADDRESS **447 WHISPERING LAKES BLVD**
CITY-ST-ZIP **TARPON SPRINGS, FL 346889019**

TITLE ☒ **D** ☐ Delete
NAME **ASHCROFT, EUGENE E**
STREET ADDRESS **3839 BEECHWOOD DRIVE**
CITY-ST-ZIP **HOLIDAY, FL 34691**

TITLE ☒ **D** ☐ Delete
NAME **GERALD, LEE M**
STREET ADDRESS **P.O. BOX 1027**
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE ☐ ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SENIOR WARDEN** (D) ☐ Change ☒ Addition
NAME **Bill W Yarbrough Jr**
STREET ADDRESS **340 Palmdale Dr**
CITY-ST-ZIP **Oldsmar FL 34677-2050**

TITLE **JUNIOR WARDEN** (D) ☐ Change ☒ Addition
NAME **Wayne Kent Ekren**
STREET ADDRESS **11302 Lakeview Dr**
CITY-ST-ZIP **New Port Richey FL 34654-3626**

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lee M. Gerald

3/18/08

(727) 514-8741