DOCUMENT	#C1	0203
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1. Entity Name

## INGLIS LODGE NO. 324 FREE AND ACCEPTED MASONS OF **FLORIDA**

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

,				
ROY	CONN	OR SH	ÆPPAR	D
	OCEAN			_
JACH	(SONVII	LE FI	32202	2

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE FL 32202

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

|--|

DO NOT WRITE IN THIS SPACE

23-7526542

Applied For

Not Applicable

Zip	Country	Zìp	Соц	untry	5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New R	egistered	l Agent	
	,			Name			
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202		Street Address (P.O. Box Number is Not Acceptable)					
				City		F	Zip Code

(NOTE: Registered Agent signature required when reinstating)

CICNIATURE			

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.

	_	NOW.	 	AC4	٥.	

9. Election Campaign Financing

\$5.00 May Be

Make Check Payable to

DATE

	FILE NOW: FEE IS \$61.25	Trust Fund Cor	ntribution.	Added to Fees	Departme	ent of State	
10.	OFFICERS AND DIRECTORS		11.		ES TO OFFICERS AND D		10
TITLE	WMD	Delete	TITLE	WORSHIPFULT	MASTER (D)	Change	Addition
NAME	JAMES BRENNAN, THOMAS		NAME	James Harvey	Head	, -	
STREET ADDRESS	PO BOX 709		STREET ADDRESS	5924 W Pine	Circle		
CITY-ST-ZIP	INGLIS FL 34449		CITY-ST-ZIP .	Crystal Rive	r FL 34429		
TITLE	SWD	☐ Delete	TITLE .	SENIOR WARDE	M (D)	Change	Addition
NAME /	HARVEY HEAD, JAMES		NAME \	Alan Hogg		<i>fat</i> *	
STREET ADDRESS	5924 W PINE CIRCLE		STREET ADDRESS	P O BOX 10 /	N// A		
CITY-ST-ZIP _	CRYSTAL RIVER FL 34429		CITY-ST-ZIP	YANKEETOWN F		,	
TITLE	JWD	☐ Delete	TITLE .			□ Change	Addition
NAME 3	HOSS, ALAN		NAME	JUNIOR WARDS			
STREET ADDRESS	PO BOX 10		STREET ADDRESS	Marshall Ha		rd Jr/	
CITY-ST-ZIP	YANKEETOWN FL 34-4498		CITY-ST-ZIP	16171 W Rive			
TITLE	TD	Delete	TITLE	Inglis FL 3	4449	( jge	Addition .
NAME	JACOB FURIE, WILLIAM JR		NAME /	TREASURER	(D)		X
STREET ADDRESS	PO BOX 52		STREET ADDRESS <sup>f</sup>	William Jac		<i></i> ′	•
CITY-ST-ZIP	INGLIS FL 34449-0052	,	CITY-ST-ZIP	P 0 Box 52			
TITLE	SD	Delete	TITLE	Inglis F1 3		☐ Change	☐ Addition
NAME	PHELPS, RODNEY ERIC		NAME 1		_		
STREET ADDRESS	408 HORIE STREET		STREET ADDRESS	SECRETARY	(D)	,	¥
CITY-ST-ZIP	INVERNESS FL 34452		CITY-ST-ZIP	Jack Pittmar	n Gibson	:	<u> </u>
TITLE		☐ Delete	TITLE	11624 SE 198	5 Lane '	Change	☐ Addition
NAME			NAME	Dunnellon Fi	34491 .		
STREET ADDRESS			STREET ADDRESS				

12. 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 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.

CITY-ST-ZIP

CITY-ST-ZIP