

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90063 028 ****61.25

DOCUMENT # C10203

1. Entity Name
**INGLIS LODGE NO. 324 FREE AND ACCEPTED MASONS
OF FLORIDA**



Principal Place of Business
**ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202**

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

Zip

Country

Zip

Country

03202004 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7526542

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 STREET
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, 2004

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	JWD HOGG, ALAN PO BOX 10 YANKEETOWN, FL 34498	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD DOZIER, SHERL W 7800 W. COOK CT. CRYSTAL RIVER, FL 34428	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD GUENTHNER, CHARLES J 6594 N. GOLD LEAF POINT DUNNELLON, FL 34433	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FURSE, WILLIAM J PO BOX 52 INGLIS, FL 34449	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIBSON, JACK P 11624 SE 196 LANE DUNNELLON, FL 34431	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) ☒ Change ☐ Addition Sherl Weirley Dozier 7800 W COOK CT CRYSTAL RIVER FL 34428-5929
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) ☒ Change ☐ Addition Lawrence Stephens 404 WILDA AVE INVERNESS FL 34452-4569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) ☒ Change ☐ Addition Robert Joseph Paquet P O BOX 2563 N/A CRYSTAL RIVER FL 34423-2563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK P. GIBSON, SECRETARY

Date

Daytime Phone #

4/12/04

(352) 447-4371