## 2007 NOT-FOR-PROFIT CORPORATION

## Apr 04, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # C10203 04-04-2007 90169 037 \*\*\*\*61.25 INGLIS LODGE NO. 324 FREE AND ACCEPTED MASONS OF FLORIDA Mailing Address Principal Place of Business 40049564 ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02092007 Chg-NP CR2E037 (12/06) 4. FEI Number 23-7526542 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEPPARD, ROY CONNOR 220 OCEAN STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32202 Zin Code FL 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 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Make check payable to Florida Department of State Trust Fund Contribution. Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND CIRECTORS IN 10 10. 11 WMD TITLE **Addition** TITLE 🔼 Delete Change James Harvey Head PAGUET, ROBERT J NAME NAME 5924 W Pine Cir STREET ADDRESS POB 2563 STREET ADDRESS Orystal River FL 34429-7579 CRYSTAL RIVER, FL 344232563 CITY-ST-ZIP CITY-ST-ZIP HIPEUL MASTER (D) MChange TITLE SWD Delete TITLE Addition LEBARRON, JACK P Jack Peter LeBarron NAME NAME 400 VICKI ST STREET ADDRESS STREET ADDRESS 400 Vicki St CITY-ST-ZIP INGLIS, FL 344499140 CITY-ST-ZIF Inslit FL 34449-9140 (D) Change OWL Delete **X** Addition TITLE TITLE JUNEAU WARDEN MOORE, LLOYD L JR NAME NAME Barry Ross Allen **POB 1128** STREET ADDRESS STREET ADDRESS P D Box 3051 NA INGLIS, FL 344491158 CITY-ST-ZIP CITY-ST-ZIP Dunnellon FL 84430-3051 Change ☐ Delete TITLE TITLE ☐ Addition FURSE, WILLIAM J NAME NAME PO BOX 52 STREET ADDRESS STREET ADDRESS INGLIS, FL 34449 CITY-ST-ZIE CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE HOWELL, DAVID PAUL NAME NAME 19690 SE VICKI ST STREET ADDRESS STREET ADDRESS INGLIS, FL 344494605 CITY-ST-ZIP CITY-ST-7tP □ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, 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 attact/ment/with an address, with all other like empowered. 352-447-4371 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

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