

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90283 047 ****61.25

DOCUMENT # C10212

1. Entity Name
**MADISON LODGE NO. 11 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**

20021404



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7526335

Applied For
Not Applicable

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 ST
JACKSONVILLE, FL 32202**

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ NAME **WM** ☐ Delete
NAME **TURNER, TROY LEE**
STREET ADDRESS **7713 NE COUNTY RD, # 255**
CITY-ST-ZIP **PINETTA, FL 323503225**

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

TITLE ☒ NAME **JWD** ☒ Delete
NAME **PUGH, BOBBY DOPN**
STREET ADDRESS **P.O. BOX 238**
CITY-ST-ZIP **PINETTA, FL 323500239**

TITLE ☐ NAME **SENIOR WARDEN** ☒ Change ☐ Addition
NAME **Bobby Don Pugh**
STREET ADDRESS **P O Box 238 N/A**
CITY-ST-ZIP **Pinetta FL 32350-0238**

TITLE ☒ NAME **TD** ☐ Delete
NAME **WELCH, ALFRED F**
STREET ADDRESS **RR 2 BOX 1190**
CITY-ST-ZIP **MADISON, FL 323409629**

TITLE ☐ NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ NAME **SD** ☐ Delete
NAME **STANLEY, JAMES E JR**
STREET ADDRESS **505 E. OAK DR.**
CITY-ST-ZIP **MADISON, FL 323402723**

TITLE ☐ NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ NAME **SW** ☒ Delete
NAME **HIBBS, ROY ARNOLD**
STREET ADDRESS **RR 1 BOX 2450**
CITY-ST-ZIP **MADISON, FL 323409440**

TITLE ☐ NAME **JUNIOR WARDEN** ☐ Change ☒ Addition
NAME **Edward Charles Begg**
STREET ADDRESS **235 NW Orange Ave**
CITY-ST-ZIP **Madison FL 32340-2035**

TITLE ☐ NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ NAME
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: *X James E. Stanley, Jr.* - JAMES E. STANLEY, JR., SECY. 3-6-06 850-973-2720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #