

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90070 024 ****61.25

DOCUMENT # C10226

1. Entity Name
**WOODSTOCK PARK LODGE NO. 313 FREE AND
ACCEPTED MASONS OF FLORIDA**



Principal Place of Business
C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US

Mailing Address
C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02062006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7161313

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 STREET ADDRESS CITY-ST-ZIP | WMD LEEBOVE, MICHAEL P.O. BOX 380111 GRANDIN, FL 321380111 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Paul Andrew Coward 3477 Excalibur Way E Jacksonville FL 32223-8787 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SWD COWARD, PAUL A 3477 EXCALIBUR WAY E JACKSONVILLE, FL 322238787 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition William Keith Howard 7586 Pierce Rd Glen Saint Mary FL 32040-4 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JWD HOWARD, WILLIAM K 7586 PIERCE RD GLEN SAINT MARY, FL 320404023 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Allen Wayne Feagle 6457 Jones Rd. Jacksonville FL 32219-2819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HELBERT, CARL LEWIS 3869 HOLLINGSWORTH ST JACKSONVILLE, FL 322058905 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY (D) <input checked="" type="checkbox"/> Addition Arthur Eugene Jones PM 5920 Davon St Jacksonville FL 32244-2230 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HUBBARD, DONALD JR P.O. BOX 1531 HILLIARD, FL 320461531 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Gene Jones (GENE JONES) **4-6-06 904-777-2208**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone