

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2006 90072 017 ****61.25

DOCUMENT # C10234

1. Entity Name
**HARMONY LODGE NO. 3 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
23-7017781

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **NO** \$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 STREET
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 ☒
SW
MCCOY, THOMAS C
STREET ADDRESS
7808 LAKE SEMINOLE ROAD
CITY-ST-ZIP
SNEADS, FL 324603889 ☐ Delete

TITLE ☐ NAME ☒
WORSHIPFUL MASTER (D)
Danny Randel Danford
STREET ADDRESS
2755 Seminole Dr
CITY-ST-ZIP
Marianna FL 32446-1837 ☐ Change ☒ Addition

TITLE ☐ NAME ☒
D
TOMASZEK, DAVID J
STREET ADDRESS
1001 OLIVIA DR
CITY-ST-ZIP
ALFORD, FL 32420 ☒ Delete

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

TITLE ☒ NAME ☒
TD
SAUNDERS, STANLEY C
STREET ADDRESS
P O BOX 480
CITY-ST-ZIP
MARIANNA, FL 324470480 ☐ Delete

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

TITLE ☒ NAME ☒
JW
HILL, CHRISTOPHER S
STREET ADDRESS
3038 HUNTER FISH CAMP ROAD
CITY-ST-ZIP
MARIANNA, FL 324466316 ☐ Delete

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

TITLE ☒ NAME ☒
S
BAXTER, JEFF A
STREET ADDRESS
PO BOX 683
CITY-ST-ZIP
MALONE, FL 324450683 ☐ Delete

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

TITLE ☐ NAME ☐
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐ NAME ☐
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: **X Danny Danford**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06

850-526-8555

Date

Daytime Phone #