

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90203 024 \*\*\*\*61.25

**DOCUMENT # C10235**

1. Entity Name  
**AMELIA LODGE NO. 47 FREE AND ACCEPTED MASONS  
OF FLORIDA**



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

Mailing Address  
**ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US**

400000



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  
**23-7526356**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 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 **WM** ☒ Delete  
NAME **MARTIN, JOHN FRANCIS**  
STREET ADDRESS **2120 HIGHLAND ST**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 320342532**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
NAME **Daniel David Sturges**  
STREET ADDRESS **1500 Leon St**  
CITY-ST-ZIP **Fernandina Beach FL 32034-2416**

TITLE **SW** ☒ Delete  
NAME **STURGES, DANIEL DAVID**  
STREET ADDRESS **14 N 14TH PL**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **SENIOR WARDEN (D)** ☒ ☐ Addition  
NAME **Todd Stewart Erickson**  
STREET ADDRESS **1919 Sunrise Drive**  
CITY-ST-ZIP **Fernandina Beach FL 32034-2**

TITLE **JWD** ☒ Delete  
NAME **ERICKSON, TODD STEWART**  
STREET ADDRESS **96291 NASSAU LAKES DR**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

TITLE **JUNIOR WARDEN (D)** ☒ ☐ Addition  
NAME **Orlando Jose Avila**  
STREET ADDRESS **85159 Saint John Ct**  
CITY-ST-ZIP **Yulee FL 32097-5651**

TITLE **SD** ☒ Delete  
NAME **CONSTANT, ALEXANDER E JR**  
STREET ADDRESS **2162 LAKESIDE DR EAST**  
CITY-ST-ZIP **FERNANDINA BCH, FL 32034**

TITLE **SECRETARY (D)** ☒ ☐ Addition  
NAME **Eugene Marion Botts**  
STREET ADDRESS **389 Otter Run Dr**  
CITY-ST-ZIP **Fernandina Beach FL 32034-8036**

TITLE ☒ ☐ Delete  
NAME **TD**  
STREET ADDRESS **AMOS, CARL S**  
CITY-ST-ZIP **865 DIANE DR FERNANDINA BEACH, FL 32034**

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

TITLE ☐ ☐ Delete  
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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Daniel David Sturges*  
**3-16-06 (904) 261-3917**