

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90026 007 ****61.25

DOCUMENT # C10237

1. Entity Name
**MARSTON LODGE NO. 49 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.

City & State

City & State

02012006 Chg-NP CR2E037 (11/05)

4. FEI Number
51-1816531

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
WALLS, ELMER W JR
21360 NE 150TH ST
FORT MC COY, FL 32134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
David Jack Chastain
15320 NE 160th Avenue Rd
Fort McCoy FL 32134-8755**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
CHASTAIN, DAVID J
15320 NE 160TH AVE RD
FORT MC COY, FL 32134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☒ Change ☐ Addition
Scott Fernon Johnson
16302 NE 153rd Ln
Fort McCoy FL 32134-8796**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
JOHNSON, SCOTT F
16302 NE 153RD LN
FORT MC COY, FL 32134** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☒ Change ☐ Addition
Guy Herbert Chastain
15286 NE 163rd Ave
Fort McCoy FL 32134-8704**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FENNELL, JOSEPH W
PO BOX 1255
SALT SPRINGS, FL 32134** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER (D) ☒ Change ☐ Addition
Robert Austin Richardson
15199 NE 154th Ln
Fort McCoy FL 32134-8055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DRIGGS, LEON F
PO BOX 1223
FORT MC COY, FL 32134** ☒ 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:

Joseph W. Fennell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-06
Date

352-236-3312
Daytime Phone #