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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10276

1. Corporation Name

**ELMER O. SMITH LODGE NO. 307 FREE AND ACCEPTED M
ASONS 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7184984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

N/A

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DT** ☒ DELETE
NAME **ROBINSON, DANNY HAYES**
STREET ADDRESS **7505 US 19 N #7**
CITY-ST-ZIP **PINELLAS PARK FL 34665**

TITLE **D** ☐ DELETE
NAME ☒ **GARRETT JR, WILLIAM BATES**
STREET ADDRESS **2290 AUSTRIAN LANE #33** *11641 59th St. N.*
CITY-ST-ZIP **CLEARWATER FL 33769** *Pinellas Park 33782*

TITLE **D** ☒ DELETE
NAME **MARLOWE, HERBERT W**
STREET ADDRESS **4081 66TH AVE N**
CITY-ST-ZIP **PINELLAS PARK FL 33781-6102**

TITLE **D** ☐ DELETE
NAME ☒ **STREET, FERN E**
STREET ADDRESS **5324 73RD ST N**
CITY-ST-ZIP **ST PETERSBURG FL 33709**

TITLE **D** ☐ DELETE
NAME ☒ **GARRETT, WILLIAM BATES**
STREET ADDRESS **2290 AUSTRIAN LANE #33** *11641 59th St. N.*
CITY-ST-ZIP **CLEARWATER FL 33769** *Pinellas Park FL 33782*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SENIOR WARDEN** ☒ Change ☐ Addition
1.2 NAME **John Daniel Peeler**
1.3 STREET ADDRESS **2456 60TH STREET NORTH**
1.4 CITY-ST-ZIP **PINELLAS PARK FL 33781**

2.1 TITLE **JUNIOR WARDEN** ☒ Change ☐ Addition
2.2 NAME **James George Curry**
2.3 STREET ADDRESS **6268 105TH Terrace N**
2.4 CITY-ST-ZIP **PINELLAS PARK FL 33782** ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

William B. Bates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

727-547-5385

Date

Daytime Phone #

CR2E037 (11/98)