

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90123 018 ****61.25

DOCUMENT # C10277

1. Entity Name
**WESCONNETT LODGE NO. 297 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**

50007117



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1383323

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 ST.
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 **D** ☒ Delete
NAME **LUNDY, ROBERT A WM**
STREET ADDRESS **4803 ROSSIE LN**
CITY-ST-ZIP **JACKSONVILLE, FL 322107900**

TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition
NAME **John Stephen Stinchcomb**
STREET ADDRESS **9156 Taylor Field Rd**
CITY-ST-ZIP **Jacksonville FL 32222-2120**

TITLE ☒ **SD** ☐ Delete
NAME **YEATON, BERTON G JR**
STREET ADDRESS **8407 MAPLE ST**
CITY-ST-ZIP **JACKSONVILLE, FL 322441039**

TITLE ☐ **SENIOR WARDEN (D)** ☒ Change ☐ Addition
NAME **Clarence Roy Thompson III**
STREET ADDRESS **5337 Angus Rd**
CITY-ST-ZIP **Middleburg FL 32068-3166**

TITLE **D** ☒ Delete
NAME **STINCHCOMB, JOHN S SW**
STREET ADDRESS **9156 TAYLOR FIELD RD**
CITY-ST-ZIP **JACKSONVILLE, FL 322222120**

TITLE ☐ **JUNIOR WARDEN (D)** ☐ Change ☒ Addition
NAME **Wayne Newell Hightower**
STREET ADDRESS **7563 Cliff Cottage Dr**
CITY-ST-ZIP **Jacksonville FL 32244-4460**

TITLE **D** ☒ Delete
NAME **THOMPSON, III, CLARENCE R JW**
STREET ADDRESS **5337 ANGUS RD**
CITY-ST-ZIP **MIDDLEBURG, FL 320683166**

TITLE ☒ **TD** ☐ Delete
NAME **ST JACQUES, RONALD R**
STREET ADDRESS **6444 WILSON BLVD**
CITY-ST-ZIP **JACKSONVILLE, FL 322103720**

TITLE ☐ **SENIOR WARDEN (D)** ☐ Change ☐ Addition
NAME **Clarence Roy Thompson III**
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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: **Berton G. Yeaton, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-06 **904-354-2339**
Date Daytime Phone #