

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90035 029 ****61.25

DOCUMENT # C10278

1. Entity Name
**ROE FULKERSON LODGE NO. 299 FREE AND
ACCEPTED MASONS OF FLORIDA**



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

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072008 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7193185

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY C
220 OCEAN ST
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

**Lynn, Richard Edward
220 Ocean Street
Jacksonville, Florida 32202**

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, 2008**

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

TITLE **JWD** ☒ Delete
NAME **PITTILLO, JEBB SR**
STREET ADDRESS **1426 GARFIELD ST**
CITY-ST-ZIP **HOLLYWOOD, FL 330203747**

TITLE **SWD** ☒ Delete
NAME **PORTER, TROY M**
STREET ADDRESS **21760 NW 8TH PL**
CITY-ST-ZIP **PEMBROKE PINES, FL 33029108**

TITLE **VMD** ☒ Delete
NAME **BODIE, BRADLEY**
STREET ADDRESS **16608 SAPHIRE MANOR**
CITY-ST-ZIP **DAVIE, FL 333313144**

TITLE **TD** ☐ Delete
NAME **FINE, WALLACE T**
STREET ADDRESS **8611 PASADENA BLVD.**
CITY-ST-ZIP **PEMBROKE PINES, FL 330243338**

TITLE **SD** ☐ Delete
NAME **MARTI, WILLIAM A**
STREET ADDRESS **5509 VAN BUREN ST**
CITY-ST-ZIP **HOLLYWOOD, FL 330217165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
NAME **Troy Matthew Porter**
STREET ADDRESS **21760 NW 8th Pl**
CITY-ST-ZIP **Pembroke Pines FL 33029-1086**

TITLE **SENIOR WARDEN** (D) ☐ Change ☒ Addition
NAME **Donald Wayne Dunn**
STREET ADDRESS **5952 NW 52nd St**
CITY-ST-ZIP **Coral Springs FL 33067-2147**

TITLE **JUNIOR WARDEN** (D) ☐ Change ☒ Addition
NAME **Donald Ray Poling II**
STREET ADDRESS **51 NE 44th St**
CITY-ST-ZIP **Oakland Park FL 33334-1437**

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

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

TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE: **WILLIAM A. MARTI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/08

954-987-0124