## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

LAKELAND, FL 33815

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

## Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # C10279** 1. Entity Name 04-12-2005 90123 012 \*\*\*\*61.25 HIGHLAND CITY LODGE NO. 285 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD 220 OCEAN ST 220 OCEAN ST JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182005 Cha-NP CR2E037 (10/03) City & State 4. FEI Number 23-7526511 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEPPARD, ROY CONNOR Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET JACKSONVILLE, FL 32202 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Duerby May 1, 2005 - \$ - Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 WORSHIPFUL MASTER (D) Change WMD TITLE Delete TITLE ☐ Addition CURTIS ROBERTS, CLARENCE Warren Albert Fletcher NAME NAME STREET ADDRESS P.O. BOX 1024 STREET ADDRESS 2444 Park Pass CITY-ST-ZIP HIGHLAND CITY, FL 338461024 CITY-ST-ZIP Lakeland FL 33805-922i IWD SEMIOR WARDEN (D) 🗶 hange Delete TITLE ■ Addition HAROLD VAN WINKLE, ROBERT NAME NAME Robert Harold Van Winkle STREET ADDRESS 1413 COVE CIRCLE S STREET ADDRESS 1413 Gover Gir S LAKELAND, FL 33809 CITY-ST-ZIP CITY-ST-ZIP Lakeland FL 33807 ... Detete TITLE Addition TITLE ( [) ) [] Change JUNIOR WARDEN NAME FLETCHER, WARREN A NAME Casey Ray Palmer STREET ADDRESS 2444 PARK PASS STREET ADDRESS 4511 Selkirk Ln E LAKELAND, FL 33805 CITY-ST-7IP CITY-ST-ZIP Lakeland FL 33813-2467 ☐ Change SD ☐ Delete TITLE ☐ Addition TITLE BARLOW, PIERCE B NAME NAME 8911 CARROLWOOD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33810 ☐ Delete TITLE Change ☐ Addition TITLE WHELPLEY, RUSSELL P NAME NAME 327 LISA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

**FILED** 

☐ Addition

☐ Change

12. I heroby 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 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.

STREET ADDRESS

CITY-ST-7IP \* \*

TITLE

☐ Delete

PIERCE B - BARLOW

GNING OFFICER OR DIRECTOR SIGNATURE: Pierre B. BARLOW.
SIGNATURE AND TYPED OR PRINTED NAME OF S