

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # C10285

1. Entity Name
GRACEVILLE LODGE NO. 284 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



03252005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7526510
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000294782
04/08/05-80083-025 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD CLIFTON BELL, CHARLIE 1130 SELMA CHURCH RD GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD SKIPPER, RANDY L P.O. BOX 220 NOMA, FL 324520074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD DALE MCSWAIN, JULIUS 947 11TH AVE GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SKIPPER, GEORGE T PO BOX 52 NOMA, FL 324520052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAWSON SKIPPER, ROBERT P.O. BOX 74 NOMA, FL 324520074
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Charlie C. Bell

Charlie C. Bell

4/4/05

850-263-3303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #