

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90054 022 \*\*\*\*61.25

**DOCUMENT # C10288**

1. Entity Name  
**NORTHSIDE LODGE NO. 283 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**

**40117029**



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

02052007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-6274009**

Applied For  
Not Applicable

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 32205**

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 \$81.25  
Due by May 1, 2007**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WMD  
BURRELL, JOHN P  
5402 9TH AVE S  
SAINT PETERSBURG, FL 337072556** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**UNIDENTIFIED MASTER (D) ☒ Change ☐ Addition  
Roger Dale Scites  
6413 Heather Ln  
Pinellas Park FL 33781-4910**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SWD  
SCITES, ROGERS D  
11538 7TH LN N 1303  
SAINT PETERSBURG, FL 33716** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SENIOR MASTER (D) ☒ Change ☐ Addition  
James Lynwood Mann  
2025 57th Ave N  
Saint Petersburg FL 33714-2**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JW  
MANN, JAMES L  
2025 57TH AVE N  
SAINT PETERSBURG, FL 337142015** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SENIOR MASTER (D) ☐ Change ☒ Addition  
Harry John Klaus  
1497 42nd Ave N  
Saint Petersburg, FL 33703-4433**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
TYRRELL, ROY EDMUND  
11511 113TH ST.  
LARGO, FL 337783000** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
FOWLER, MARK ALFRED SR.  
1235 FAIRWAY CIR. S  
SAINT PETERSBURG, FL 337054652** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:**

*Roy Tyrrell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07  
Date

727 896 6032  
Daytime Phone #