

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90308 034 ****61.25

DOCUMENT # C10290

1. Entity Name
SUGARLAND LODGE NO. 281 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

94049617



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7526507

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, 2004

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 REYES, TEODORO H
STREET ADDRESS 224 DESOTO AVE
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE JUNIOR WARDEN (D) ☐ Change ☒ Addition
NAME David William Giese
STREET ADDRESS 605 W Sagamore Ave
CITY-ST-ZIP Clewiston, FL 33440-3515

TITLE D ☐ Delete
NAME CLEMMONS, RICHARD L
STREET ADDRESS 135 OAK DR
CITY-ST-ZIP CLEWISTON, FL 33440

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

TITLE D ☐ Delete
NAME VEALE, DAVID J
STREET ADDRESS PO BOX 861
CITY-ST-ZIP CLEWISTON, FL 334400861

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

TITLE WMD ☒ Delete
NAME VEALE, DAVID JACKSON
STREET ADDRESS PO BOX 861 N/A
CITY-ST-ZIP CLEWISTON, FL 334400861

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

TITLE SD ☐ Delete
NAME WILKINS, WAYNE L
STREET ADDRESS PO BOX 751
CITY-ST-ZIP CLEWISTON, FL 33440

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

TITLE ☐ Delete
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 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.

SIGNATURE: WAYNE L. WILKINS Wayne L. Wilkins 3-31-04 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #