

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90112 001 *4,838.75

DOCUMENT # C10293

1. Corporation Name

OCEANWAY LODGE NO. 279 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-1641891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WMD
FRANKLIN THOMAS, WILLIE
14200 GROVER RD
JACKSONVILLE FL 32226-1948

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SWD
SHAW, JAMES EDWARD JR
11787 HIGH PLAINS DR E
JACKSONVILLE FL 32218

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RITTER, ROBERT GAROLD
3777 STARRATT RD
JACKSONVILLE FL 32226-1349

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
GRIFFIS, MONROE TATE
113626 BENTON RD
JACKSONVILLE FL 32218-6813

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JWD
CHUBB, IVAN FLOYD
P.O. BOX 359 N/A
WILLISTON FL 32696

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
James Edward Shaw Jr
11787 High Plains Dr. E
Jacksonville FL 32218

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
SENIOR WARDEN (D) ☒ Change ☐ Addition
Fred W Barr Jr
819 Fields Rd
Jacksonville FL 32218-3842

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
JUNIOR WARDEN (D) ☒ Change ☐ Addition
Melvin Nash
PO BOX 3953
Jacksonville FL 32206-0953

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

3/2/99

904-751-1724

CR2E037 (11/98)