

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90123 012 ****61.25

DOCUMENT # C10293

1. Entity 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**

50007123



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1641891 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, 2006**

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
HARE, DAN N
12870 YELLOW BLUFF RD
JACKSONVILLE, FL 322264800** ☒ Delete

WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
**Charles Millard Barr
819-1 Fields Rd
Jacksonville FL 32218-3842**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
BARR, CHARLES M
819-1 FIELDS RD
JACKSONVILLE, FL 322183842** ☒ Delete

SENIOR WARDEN (D) ☐ Change ☒ Addition
**Nicholas T Kuch
11316 Vera Dr
Jacksonville FL 32218-4160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
SMITH, BRYAN L
2106 DUNN CREEK CEMTRY RD
JACKSONVILLE, FL 322182018** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MORRIS, PHILLIP W
15426 SHANE PARKS LANE
JACKSONVILLE, FL 322181462** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
WISE, WILLIAM L SR.
2550 WATER BLUFF DR
JACKSONVILLE, FL 32218** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

JUNIOR WARDEN (D) ☐ Change ☒ Addition
**Mavern Byron Griffin
12448 Sapp Rd
Jacksonville FL 32226-1796**

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:

Phillip W. Morris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06 904-757-3747

Date

Daytime Phone #