

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90308 049 \*\*\*\*61.25

**DOCUMENT # C10294**

1. Entity Name  
LEHIGH ACRES LODGE NO. 344 FREE AND ACCEPTED  
MASONS OF FLORIDA



Principal Place of Business  
C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US

Mailing Address  
C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US

94043606



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

59-1379537

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 STREET  
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

TITLE SD ☐ Delete  
NAME SHEETS, JACK M  
STREET ADDRESS 1440 ARCHER ST  
CITY-ST-ZIP LEHIGH ACRES, FL 33972

TITLE WMD ☒ Delete  
NAME ROSE, JAMES F  
STREET ADDRESS 111 FLORIDA RD  
CITY-ST-ZIP LEHIGH ACRES, FL 339366135

TITLE TD ☐ Delete  
NAME CAMPBELL, ROBERT L  
STREET ADDRESS 1501 MEDFORD PL  
CITY-ST-ZIP LEHIGH ACRES, FL 339365941

TITLE SWD ☒ Delete  
NAME PETERSON, CHARLETON W SR  
STREET ADDRESS 1822 ROBERT AVE  
CITY-ST-ZIP LEHIGH ACRES, FL 33972

TITLE JWD ☒ Delete  
NAME HAMMETT, JOHNATHAN E  
STREET ADDRESS 619 MICHAEL AVE  
CITY-ST-ZIP LEHIGH ACRES, FL 339724245

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE WORSHIPFUL MASTER (D) ☒ Addition  
NAME Carleton Wayne Peterson Sr  
STREET ADDRESS 1822 Robert Ave  
CITY-ST-ZIP Lehigh Acres FL 33972-2356

TITLE SENIOR WARDEN (D) ☒ Addition  
NAME Jonathan Edward Hammett  
STREET ADDRESS 619 MICHAEL AVVE  
CITY-ST-ZIP LEHIGH ACRES FL 33972-4245

TITLE JUNIOR WARDEN (D) ☒ Addition  
NAME Ralph Dean McDonald  
STREET ADDRESS 19 MCKINLEY AVE  
CITY-ST-ZIP LEHIGH ACRES FL 33936-7649

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

TITLE ☐ Change ☐ Addition  
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: *Carleton Wayne Peterson Sr.*  
Carleton Wayne Peterson Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-01-04

Date

(239) 369-1953

Daytime Phone #