

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90159 046 \*\*\*\*61.25

**DOCUMENT # C10300**

1. Entity Name  
**THOMAS A. MCQUEEN LODGE NO. 341 FREE AND  
ACCEPTED MASONS OF FLORIDA**



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2538326**

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME ☒ WMD  
STREET ADDRESS  
CITY-ST-ZIP  
**MCMILLAN, TRAVIS M  
201 CO. HWY 147  
LAUREL HILL, FL 32567**

TITLE  
NAME ☒ SENIOR WARDEN (D) ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**James Glendon Adams  
P.O. Box 1181 N/A  
Paxton FL 32538-1181**

TITLE  
NAME ☒ SWD  
STREET ADDRESS  
CITY-ST-ZIP  
**HENDERSON, GARY A  
2955 COUNTY HWY 147 W  
LAUREL HILL, FL 32567**

TITLE  
NAME ☒ JUNIOR WARDEN (D) ☐ Change ☒ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**Jeremy DeWayne Simmon  
P O BOX 1125 N/A  
PAXTON FL 32538-1125**

TITLE  
NAME ☒ JWD  
STREET ADDRESS  
CITY-ST-ZIP  
**ADAMS, JAMES G  
P.O. BOX 1181  
PAXTON, FL 32538**

TITLE  
NAME ☒ SECRETARY (D) ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**Robert Allen Spear  
41 BLUEBERRY ST  
LAUREL HILL FL 32567-3334**

TITLE  
NAME ☒ TD  
STREET ADDRESS  
CITY-ST-ZIP  
**SPEAR, ROBERT A  
41 BLUEBERRY STREET  
LAUREL HILL, FL 32567**

TITLE  
NAME ☒ TREASURER (D) ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**Bobby Randall Harrison  
3656 Children's Home Rd  
Laurel Hill FL 32567**

TITLE  
NAME ☒ SD  
STREET ADDRESS  
CITY-ST-ZIP  
**LOWERY, GARY LYNN  
P.O. BOX 1247  
PAXTON, FL 325381247**

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

TITLE  
NAME ☐ ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ ☐ Change ☐ Addition  
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert A. Spear, Sec.**

Date

Daytime Phone #

**28 Mar 04 (850) 546-0289**