

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-29-2006 90123 016 \*\*\*\*61.25

**DOCUMENT # C10306**

1. Entity Name  
**COMPOSITE LODGE NO. 293 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**

**50007119**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**23-7107162**

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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAIN, REX C WM	
STREET ADDRESS	3812 VIRGINIA DR	
CITY-ST-ZIP	ORLANDO, FL 328033051	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENBROOK, JR, MORRIS E SW	
STREET ADDRESS	1103 MARSCASTLE AVE	
CITY-ST-ZIP	ORLANDO, FL 328121984	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, LAWRENCE A JW	
STREET ADDRESS	7421 COLONIAL CT	
CITY-ST-ZIP	SANFORD, FL 327719744	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DICKINSON, JOHN N	
STREET ADDRESS	PO BOX 560298	
CITY-ST-ZIP	ORLANDO, FL 328560298	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	VALIDO, SR, RALPH M	
STREET ADDRESS	6328 MACKENZIE ST	
CITY-ST-ZIP	ORLANDO, FL 328074838	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
Lawrence Alan Williamson  
7421 Colonial Ct  
Sanford FL 32771-9744  
SENIOR WARDEN (D) ☐ Change ☒ Addition  
Timothy Lance Farnell  
5956 Milford Haven Pl  
Orlando FL 32829-8819

NAME  
STREET ADDRESS  
CITY-ST-ZIP

SECRETARY (D) ☐ Change ☒ Addition  
Steven Leeroy Allen  
126 N Bradley Ave  
Indianapolis IN 46201-3224  
TREASURER (D) ☐ Change ☒ Addition  
Ralph Manuel Valido Sr  
6328 Mackenzie St  
Orlando FL 32807-4838  
JUNIOR WARDEN (D) ☐ Change ☒ Addition  
James Phillip Allen  
8008 Plunkett Ave  
Orlando FL 32810-3053

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

*John N. Dickinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/10/2006*  
Date

*407/896-9887*  
Daytime Phone #

John N. Dickinson