

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90315 038 \*\*\*\*61.25

**DOCUMENT # C10308**

1. Entity Name  
**BAY LODGE NO. 337 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**

**60025137**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**23-7526548**

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, 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  
**JWD  
DUKES, JAMES C  
2336 WASHINGTON ST  
LYNN HAVEN, FL 32444** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
Edward Lee Brown  
3122 E 3rd St  
Panama City FL 32401-5643**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WMD  
COLLINS, PERRY B III  
3020 KINGSWOOD DR.  
PANAMA CITY, FL 324052026** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SENIOR WARDEN (D) ☒ Addition  
James Carlton Duke  
2336 Washington St  
Lynn Haven FL 32444-3053**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SWD  
BROWN, EDWARD L  
3122 E THIRD ST  
PANAMA CITY, FL 324015643** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JUNIOR WARDEN (D) ☒ Addition  
Charles Leo Bazzell  
1905 Drummond Ave  
Panama City FL 32405-1521**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
BENNETT, ADDISON A  
4518 TROPICAL DR  
PANAMA CITY, FL 324045201** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY (D) ☒ Addition  
John Leonard Mitchell  
128 E 2nd Ct  
Panama City FL 32401-3213**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
MCGUIRE, STEVEN T  
2934-B BORMARC ST  
PANAMA CITY, FL 32403** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:**

*John L. Mitchell*  
**John L. Mitchell**

**3/23/06**

Date

**(850) 914 3070**

Daytime Phone #