#### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

### **DOCUMENT # C10319**

1. Corporation Name

## ENSLEY LODGE NO. 278 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business
ROY CONNOR SHEPPARD

Mailing Address
ROY CONNOR SH

ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202

# FILED Apr 15, 1999 8:00 am § Secretary of State

04-15-1999 90112 001 \*4,838.75

<b>             </b>	

						·	
Principal Place of Business     2a. Mailing Address		<b>⊢</b>			3. Date Incorporated or Qualifed 06/30/1992		
21 Suite Apt	# ata	Suite, Apt. #, etc.			4. FEI Number	Applied For	
Suite, Apt.	#, etc.				23-7526504	Not Applicable	
City & Stat	е	City & State			5 Contiferate of Status Desired   \$8	3.75 Additional Fee Required	
23	Country	28 Zip	Countr		<del> </del>	5.00 May Be	
Zip	Country			,		*	
24 25 29 30  9. Name and Address of Current Registered Agent			501		10. Name and Address of New Registered Agent		
	5. Name and Address of Current	Vadistalan väalit	81	Name	The state of the s		
_							
SHEPPARD, ROY CONNOR		82	82 Street Address (P.O. Box Number is Not Acceptable)				
220 OCEA	NN ST		83				
JACKSON	VILLE FL 32202		83	<b>'</b> [			
			84	City	85	Zip Code	
					FL	<u> </u>	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the above	e-named comer	orporation submits this statement for the purpose of chan- ation's board of directors. I hereby accept the appointmen	ging its registered nt as registered	
office of r agent, I a	registered agent, or both, in the State of im familiar with, and accept the obligation	ons of, Section 617.0503, Florid	da Statute:	5.	. / .	- · - <b>-</b> · - · - · - · - · ·	
SIGNATURE	λ1 / Λ.				N/A	_	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F		nt signature req	quired when reinstating) DATE	DEGTORS ::: 12	
12.	ÓFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DI		
TITLE	WMD	DELETE	1.1 TITLE	1	WORSHIPFUL MASTER (D)	Change	
NAME	BRADSHAW, GEORGE W		1.2 NAME		Jerry Raigh Howell		
STREET ADDRESS	8562 BELLE MEADOW BLVD		1.3 STREE	T ADDRESS	211 Barker St		
CITY-ST-ZIP	PENSACOLA FL 32514	•	1.4 CITY-5	ST-ZIP	Pensacola Fl. 32514 -		
TITLE	SD	☐ DELETE	2.1 TITLE		ر ' المحادث	hange Addition	
NAME V	HOWELL, O Z		2.2 NAME	ĭ	SENIOR WARDEN (D)		
STREET ADDRESS			2.3 STREE	T ADDRESS	Joel Kent Fairbanks -	<del></del>	
CITY-ST-ZIP	PENSACOLA FL 32534		4	ST-ZIP=	12697 Tecumseh Trail		
TITLE	SWD	DELETE	3.1 TITLE			Change Addition	
NAME	HOWELL JERRY R		3.2 NAME		JUNIOR WARDEN (D) X	-	
STREET ADDRESS			1	TADORESS	001414.	•	
	PENSACOLA FL 32514		3.4. CITY-		Joseph Edward King		
CITY-ST-ZIP	JWD	<b>√</b> Delete	4.1 TITLE		2376-Handy RO	nge Addition	
NAME	FAIRBANKS, JOEL K	X	4. 2 NAME		Cantonment F1 32533-8127		
				T ADDRESS		•	
STREET ADDRESS	i		4.3 STREE				
CITY-ST-ZIP	PENSACOLA FL 32514	☐ DELETE	5.1 TITLE			Change	
TITLE	CTHOREN DONALD II	- DEFE	5.2 NAME		· .	<b>–</b>	
NAME	STUCKEY, DONALD H			T ADDRESS			
STREET ADDRESS	100 : 010 0700 0200			1			
CITY-ST-ZIP	PENSACOLA FL 32503		5.4 CITY-1			Change Addition	
TITLE	1	☐ DELETE	6.1 TITLE	1	. ا	Change	
NAME			6.2 NAME	ľ			
STREET ADDRESS	to get the state of		6.3 STREE	ET ADDRESS	• •		
CITY-ST-7IP			6.4 CITY-	ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATION DE LE CHARLE DO LA CHARLES DE LA COMPANIO DEL COMPANIO DE LA COMPANIO DEL COM

Howell Serr 3-9-99 850
Date Date Dayline F

850-476-2057 Daytime Phone #

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