

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90021 049 ****61.25

DOCUMENT # C10319



1. Entity Name
**ENSLEY LODGE NO. 278 FREE AND ACCEPTED
MASONS OF FLORIDA**

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

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

20030557



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
23-7526504

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 ST
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, 2005

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: **WM** ☒ Delete
NAME: **SPARKS, DONALD R**
STREET ADDRESS: **9591 TOWER RIDGE RD**
CITY-ST-ZIP: **PENSACOLA, FL 32526**

TITLE: **SD** ☐ Delete
NAME: **KRITZMIRE, EDWARD A**
STREET ADDRESS: **5348 MELVIN DRIVE**
CITY-ST-ZIP: **PACE, FL 32571**

TITLE: **SWD** ☒ Delete
NAME: **HALL, WILLIAM E**
STREET ADDRESS: **8935 BOWMAN AVE**
CITY-ST-ZIP: **PENSACOLA, FL 32534**

TITLE: **JWD** ☒ Delete
NAME: **SMITH, DONALD L**
STREET ADDRESS: **2101 POMPANO RD**
CITY-ST-ZIP: **CANTONMENT, FL 32533**

TITLE: **TD** ☒ Delete
NAME: **JOHNSON, TROY K**
STREET ADDRESS: **P.O. BOX 215**
CITY-ST-ZIP: **GONZALEZ, FL 325600215**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
NAME: **William Ervin Hall**
STREET ADDRESS: **8935 Bowman Ave**
CITY-ST-ZIP: **Pensacola FL 32534-1684**

TITLE: **SENIOR WARDEN** (D) ☒ Change ☐ Addition
NAME: **Donald Lloyd Smith**
STREET ADDRESS: **2101 Pompano Rd**
CITY-ST-ZIP: **Cantonment FL 32533-8638**

TITLE: **JUNIOR WARDEN** (D) ☒ Change ☐ Addition
NAME: **Ronald Charles Williams**
STREET ADDRESS: **1610 Brampton Way**
CITY-ST-ZIP: **Cantonment FL 32533-8977**

TITLE: **TREASURER** (D) ☒ Change ☐ Addition
NAME: **Johnnie Steve Mick**
STREET ADDRESS: **783 Bison St**
CITY-ST-ZIP: **Pensacola FL 32514-1509**

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: Edward A. Kritzmire *Edward A. Kritzmire*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 4, 2005 (850)994-9743

Date

Daytime Phone #