

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90202 002 ****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**

4000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7526504

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

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

TITLE ☒ **D** ☐ Delete
NAME **WILLIAMS, RONALD C**
STREET ADDRESS **1610 BRAMPTON WAY**
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE ☒ **D** ☐ Delete
NAME **MICK, JOHNNIE S**
STREET ADDRESS **783 BISON ST**
CITY-ST-ZIP **PENSACOLA, FL 32514**

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

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

SECTION 11 CHANGES TO OFFICERS AND DIRECTORS IN 10
JUNIOR WARDEN (D) ☐ Change ☒ Addition
Daniel Timothy Harrell
4221 Obregon Dr
Pensacola FL 32504-7755

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

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

TITLE ☐ **SECRETARY (D)** ☐ Change ☒ Addition
Edward Allen Kritzmire
3348 Melvin Dr
Pace FL 32571-8700

TITLE ☐ **TREASURER (D)** ☐ Change ☒ Addition
Donald Samuel Lambe
1671 W 9 1/2 MILE RD
CANTONMENT FL 32533-7704

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

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:

EDWARD A. KRITZMIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-06 354-2339