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Mar 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # C10329 (6)

1. Corporation Name

NORTHWEST FLORIDA LODGE NO. 351 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202  
US

ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202-3218  
US



3. Date Incorporated or Qualified  
06/30/1992

3a. Date of Last Report  
03/22/1996

4. FEI Number  
23-7208204

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE WMD  
NAME AMERSON, OLIVER P JR  
STREET ADDRESS 4151 W HWY 4  
CITY-ST-ZIP BRATT FL

1.1 TITLE WORSHIPFUL MASTER D  
1.2 NAME Robert Edward Ledkins  
1.3 STREET ADDRESS 5984 Crabtree Church Rd  
1.4 CITY-ST-ZIP Molino FL 32577

TITLE SD  
NAME GENTRY, THOMAS G  
STREET ADDRESS 3730 LAMBERT BRIDGE RD  
CITY-ST-ZIP WALNUT HILL FL

2.1 TITLE SENIOR WARDEN D  
2.2 NAME Marvin Larry Free  
2.3 STREET ADDRESS 6544 W. Hwy. 4  
2.4 CITY-ST-ZIP Century FL 32535-2542

TITLE SW  
NAME LEDKINS, ALVIS E  
STREET ADDRESS 5080 WEST HWY 4  
CITY-ST-ZIP CENTURY FL 32535-2536

3.1 TITLE JUNIOR WARDEN D  
3.2 NAME Jacob Ezra Gilley  
3.3 STREET ADDRESS 6220 North Pine Barren Rd  
3.4 CITY-ST-ZIP Century FL 32535-2134

TITLE JWD  
NAME LEDKINS, ROBERT E  
STREET ADDRESS 5984 CRABTREE CHURCH RD.  
CITY-ST-ZIP CANTONMENT FL 32533-9802

4.1 TITLE TREASURER D  
4.2 NAME William Thomas Darby  
4.3 STREET ADDRESS 4350 Gobbler Rd  
4.4 CITY-ST-ZIP Century FL 32535-2504

TITLE TD  
NAME HARRELL, AUBREY R  
STREET ADDRESS RT. 4 BOX 435-A  
CITY-ST-ZIP ATMORE AL 36502-9181

5.1 TITLE SECRETARY D  
5.2 NAME William Edward Cook  
5.3 STREET ADDRESS 9641 Hwy. 97  
5.4 CITY-ST-ZIP Century FL 32535-2549

TITLE SD  
NAME GENTRY, THOMAS GARLAND  
STREET ADDRESS 3730 LAMBERT BRIDGE ROAD  
CITY-ST-ZIP WALNUT HILL FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Robert E. Ledkins

2-11-97 904-354-2339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 6004218

CH2E037 (9/96)