

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

| | | |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **C10329** (6)

1. Corporation Name

NORTHWEST FLORIDA LODGE NO. 351 FREE AND ACCEPTED MASON 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
US**



3. Date Incorporated or Qualified

06/30/1992

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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)

000002435080

83

04/13/98 01018-026

84 City

*****5083.75**

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

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LEDKINS, ROBERT E**
CITY-ST-ZIP **5984 CRABTREE CHURCH RD**
MOLINO FL

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

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **HARRELL, AUBREY R**
CITY-ST-ZIP **RT. 4 BOX 435-A**
ATMORE AL 36502-9161

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

WORSHIPFUL MASTER (D) X age ☐ Addition
Robert Edward Ledkins
5984 Crabtree Church Rd
Molino FL 32577

SECRETARY (D) X age ☐ Addition
William Edward Cook
9641 Hwy. 97
Century F1 32535-2549 Change ☐ Addition

SENIOR WARDEN (D) X
Harvin Larry Free
6544 W. Hwy. 4
Century F1 32535-2542 Change ☐ Addition

JUNIOR WARDEN (D) X
Jacob Ezra Gilley
6220 North Pine Barren Rd
Century F1 32535-2134 ☐ Addition

TREASURER (D) X
William Thomas Darby
4350 Gobbler Rd
Century F1 32535-2133 age ☐ Addition

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.

SIGNATURE:

William E. Cook (William E. Cook)

3-12-98

850-322-6421

CR2E037 (10/97)