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

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

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # C10338**

1. Corporation Name

**DAYTONA BEACH LODGE NO. 270 FREE AND ACCEPTED MA  
SONS OF FLORIDA**

Principal Place of Business

ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202  
US

Mailing Address

ROY CONNOR SHEPPARD  
220 OCEAN ST.  
JACKSONVILLE FL 32202  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

59-1519113

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

9. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

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

*N/A*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **WMD** ☒ DELETE  
NAME **CROSSEN, DAVID W**  
STREET ADDRESS **72 FIARWAY DR**  
CITY-ST-ZIP **ORMOND BEACH FL 32176-5420**

TITLE ☒ DELETE  
NAME **SD**  
STREET ADDRESS **HOLUB, GENE R**  
CITY-ST-ZIP **17 PATHWAY CT**  
**DAYTONA BEACH FL 32119-1662**

TITLE **SWD** ☒ DELETE  
NAME **FEAGLE, DANIEL E JR**  
STREET ADDRESS **2928 LANTERN DR**  
CITY-ST-ZIP **S DAYTONA FL 32119**

TITLE **JWD** ☒ DELETE  
NAME **SIMONS, CLAYTON E**  
STREET ADDRESS **1171 PEACHTREE RD**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114-5951**

TITLE **TD** ☒ DELETE  
NAME **SMITH, EMORY T**  
STREET ADDRESS **325 WILDER BLVD., #403A**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114-6065**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
1.2 NAME **Daniel E Feagle Jr**  
1.3 STREET ADDRESS **2928 Lantern Dr**  
1.4 CITY-ST-ZIP **S Daytona FL 32119**

2.1 TITLE **SENIOR WARDEN (D)** ☒ Change ☐ Addition  
2.2 NAME **Clayton Edward Simons**  
2.3 STREET ADDRESS **1171 Peachtree Rd**  
2.4 CITY-ST-ZIP **Daytona Beach FL-32114-5951** ☐ Addition

3.1 TITLE **JUNIOR WARDEN (D)** ☒ Change ☐ Addition  
3.2 NAME **William G Blasingame**  
3.3 STREET ADDRESS **3780 Clyde Morris Blvd**  
3.4 CITY-ST-ZIP **Port Orange FL 32119** ☐ Change ☐ Addition

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Gene R. Holub*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Gene R. Holub, Secretary**

904-258-7916

Date

Daytime Phone #

CR2E037 (1/98)