

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-15-1999 90112 001 *4,838.75

DOCUMENT # C10342

1. Corporation Name

**FELLOWSHIP LODGE NO. 265 FREE AND ACCEPTED MASON
S 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

2a. Mailing Address

3. Date Incorporated or Qualified

06/30/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6143121

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

N/A
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WMD	<input checked="" type="checkbox"/> DELETE
NAME	GREENSLADE, DALE E	
STREET ADDRESS	2901 W. BARCELONA ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LUSE, ORVILLE R	
STREET ADDRESS	306 N. LINCOLN AVE	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	SWD	<input checked="" type="checkbox"/> DELETE
NAME	SLOGGETT, RICHARD W	
STREET ADDRESS	22322 WILLOW LAKES DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	JWD	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, JAMES L SR	
STREET ADDRESS	5647 RAWLS RD	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	AGSTER, RICHARD S	
STREET ADDRESS	417 W. DAVIS BLVD	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard William Sloggett
1.3 STREET ADDRESS	22322 Willow Lakes Drive
1.4 CITY-ST-ZIP	Lutz FL 33549
2.1 TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Stephen Douglas Edson
2.3 STREET ADDRESS	9513 Fieldview Cir
2.4 CITY-ST-ZIP	Thonotosassa FL 33592-3514 <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99 **813-876-9129**
Date Daytime Phone #

CR2E037 (11/98)