

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90202 049 \*\*\*\*61.25

**DOCUMENT # C10342**

1. Entity Name  
FELLOWSHIP LODGE NO. 265 FREE AND ACCEPTED  
MASONS OF FLOIRDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-6143121

Applied For

Not Applicable

Zip

Country

Zip

Country

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 STREET  
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, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Delete  
NAME FUSCO, DOUGLAS A  
STREET ADDRESS 13931 CHANDRON DR  
CITY-ST-ZIP ODESSA, FL 33556

TITLE WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
NAME Charles N Hamm  
STREET ADDRESS 16460 Offenhour Rd  
CITY-ST-ZIP ODESSA FL 33556-2308

TITLE JWD ☒ Delete  
NAME KING, BRIAN R  
STREET ADDRESS 4013 W. HORATION ST.  
CITY-ST-ZIP TAMPA, FL 33609

TITLE SENIOR WARDEN (D) ☒ Change ☐ Addition  
NAME Brian Russell King  
STREET ADDRESS 4013 W Horatio St  
CITY-ST-ZIP Tampa FL 33609-3938

TITLE MWD ☒ Delete  
NAME STUART, WILLIAM G  
STREET ADDRESS 4103 W HORATIO ST  
CITY-ST-ZIP TAMPA, FL 33609

TITLE JUNIOR WARDEN (D) ☐ Change ☒ Addition  
NAME Gregory Allen Palmer  
STREET ADDRESS 4405 W Oklahoma Ave  
CITY-ST-ZIP Tampa FL 33616-1014

TITLE SWD ☒ Delete  
NAME HAMM, CHARLES N  
STREET ADDRESS 16460 OFFENHAUR RD.  
CITY-ST-ZIP ODESSA, FL 33556

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

TITLE SD ☒ Delete  
NAME EDSON, STEPHEN D  
STREET ADDRESS 3105 LAKESTONE DR.  
CITY-ST-ZIP TAMPA, FL 336181120

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 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:

*Charles N Hamm*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-04  
Date

926-0029  
Daytime Phone #