

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90257 010 ****61.25

DOCUMENT # N01000003599

1. Entity Name
**MOUNT MORIAH LODGE NO. 400, INC., FREE AND
ACCEPTED MASONS OF FLORIDA**



Principal Place of Business
**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US**

Mailing Address
**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US**

44025841



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202004 Chg-NP CR2E037 (10/03)

4. FEI Number
58-3674018

Applied For
Not Applicable

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 C
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
WILLIAMS, LESLIE R
10307 BROWNWOOD AVE.
ORLANDO, FL 32825** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
Cornelius George Kruchten
2136 ROUSE LAKE RD
ORLANDO FL 32817-4528**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
KRUCHTEN, CORNELIUS G
2136 ROUSE LAKE RD.
ORLANDO, FL 32817** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☒ Change ☐ Addition
Mark David Griffin
2125 Seaport Circle
Winter Park FL 32792-1231**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
GRIFFIS, MARK D
14546 GREEYDALE CIR.
ORLANDO, FL 32826** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☒ Change ☒ Addition
Mark Weston Plozila
1220 BONNIE LOU DR
ORLANDO FL 32809-6017**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LOTT, RALPH SIDNEY
1649 CEDAR RIDGE DR
ORLANDO, FL 328265523** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER (D) ☒ Change ☐ Addition
Leslie Raymond Williams
10307 Brownwood Ave.
Orlando FL 32825-6627**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ROE, MELVIN H
1418 PINAR RD.
ORLANDO, FL 32825** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvin H. Roe, Sec.

Date

Daytime Phone #

3/31/04 407-273-0906