

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90380 020 ****61.25

DOCUMENT # N94000001102

1. Entity Name
FORT KING DAYLIGHT LODGE NO. 389, INC., FREE AND
ACCEPTED MASONS OF FLORIDA



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

Mailing Address
C/O ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202

40001030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3145053

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, 2005

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 SD ☐ Delete
NAME GRANT, MARK L JR
STREET ADDRESS 5400 SW 83RD PL
CITY-ST-ZIP OCALA, FL 344763755

TITLE WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
NAME Wilbur Dale Green
STREET ADDRESS P O Box 488 N/A
CITY-ST-ZIP Silver Springs FL 34489-0488

TITLE WMD ☒ Delete
NAME PLATNER, BEEKMAN W
STREET ADDRESS 1703-A W GLENEAGLES RD
CITY-ST-ZIP OCALA, FL 344728457

TITLE JUNIOR WARDEN (D) ☒ Addition
NAME James Edward Griffin
STREET ADDRESS 6615 SE 11th Loop
CITY-ST-ZIP Ocala FL 34472-7812

TITLE TD ☐ Delete
NAME HOWARD, TERRY J
STREET ADDRESS P.O. BOX 1519
CITY-ST-ZIP OCKLAHAHA, FL 32179

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

TITLE SWD ☐ Delete
NAME SINCLAIR, GEORGE L
STREET ADDRESS 205 N.E. 53RD STREET
CITY-ST-ZIP OCALA, FL 34479

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

TITLE JWD ☒ Delete
NAME GREEN, WILBUR DALE
STREET ADDRESS PO BOX 488
CITY-ST-ZIP SILVER SPRINGS, FL 344890488

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:

Wilbur D. Green
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-05

Date

(352) 625-3625

Daytime Phone #