

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90138 042 \*\*\*\*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**

**50006909**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3145053**

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

**SHEPPARD, ROY C  
220 OCEAN STREET  
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

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, 2006**

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

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

TITLE  
NAME ☒ JWD  
STREET ADDRESS  
CITY-ST-ZIP  
**GRIFFIN, JAMES EDWARD  
6615 SE 11TH LOOP  
OCALA, FL 344728457**

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

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

TITLE  
NAME ☐ WMD  
STREET ADDRESS  
CITY-ST-ZIP  
**GREEN, WILBUR DALE  
PO BOX 488  
SILVER SPRINGS, FL 344890488**

TITLE  
NAME ☐  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME ☒ JUNIOR WARDEN (D) ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP  
**George Robert Young  
6229 E Rector St  
Inverness FL 34452-7956**

TITLE  
NAME ☐  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*  
**Wilbur D. Green**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/16/2006 904-354-2339**

Date

Daytime Phone #