

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90035 007 \*\*\*\*61.25

**DOCUMENT # N94000004464**

1. Entity Name

MIZPAH OF ORLANDO LODGE NO. 4, INC.



Principal Place of Business

110 S PALMETTO AVENUE  
SANFORD FL 32771  
US

Mailing Address

1530 BAVON DRIVE  
DELTONA FL 32725  
US

2. Principal Place of Business

1199 BRATON BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32905

Country

U.S.A

Zip

Country

4. FEI Number

51-0203229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

SHILLINGFORD, ALBERT C.  
1530 BAVON DRIVE  
DELTONA FL 32725

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

**FILE NOW: 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

TITLE	IG	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, ARTHUR	
STREET ADDRESS	6822 GADWALL LANE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MCPHERSON, HELTOR	
STREET ADDRESS	738 WAYWOOD AVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCANTLEBURY, GEORGE	
STREET ADDRESS	2901 BURROUGHS DR. APT. 3	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHILLINGFORD, ALBERT	
STREET ADDRESS	1530 BAVON DRIVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WALLACE, LENFORD	
STREET ADDRESS	110 S PALMETTO AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOUET, DENNIS	
STREET ADDRESS	4451 OAKHAM CT	
CITY-ST-ZIP	ORLANDO FL 32818	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, WINSTON	
STREET ADDRESS	2689 HAWTHORNE LANE	
CITY-ST-ZIP	KISSIMMEE, FL 34743	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYLES, JOSEPH	
STREET ADDRESS	145 GRAND JUNCTION BLVD	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	IG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REID, WESLEY	
STREET ADDRESS	2771 VALIANT DR.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Albert C. Shillingford

ALBERT C. SHILLINGFORD

Date

3/22/05

Daytime Phone #

407-857-4061