

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 29, 1999 8:00 am**  
**Secretary of State**

07-29-1999 90010 001 \*\*\*428.75

**DOCUMENT # N98000007341**

1. Corporation Name

**I. N. MCNATT LODGE NO. 103, INC., FREE AND ACCEP  
TED MASONS OF FLORIDA**

Principal Place of Business

**C/O ROY CONNOR SHEPPARD  
220 N OCEAN STREET  
JACKSONVILLE FL 32202**

Mailing Address

**C/O ROY CONNOR SHEPPARD  
220 N OCEAN STREET  
JACKSONVILLE FL 32202**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**12/23/1998**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**59-1979470**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing ☐ **\$5.00 May Be  
Trust Fund Contribution Added to Fees**

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**N/A**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**WORSHIPFUL MASTER (D) ☐ Change ☐ Addition  
LANCE, HARRY S.  
8148 SW 54TH COURT  
OCALA FL 34476-9211**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**SENIOR WARDEN (D) ☐ Change ☐ Addition  
SMITH, WILLIAM H.  
271 E. COWPEN LAKE ROAD  
HAWTHORNE FL 32640**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**JUNIOR WARDEN (D) ☐ Change ☐ Addition  
HERREN, PAUL F.  
310 VAUSE LAKE ROAD  
HAWTHORNE FL 32640**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**TREASURER (D) ☐ Change ☐ Addition  
BROWN, ARTHUR E.  
17110 NE 71ST PLACE  
HAWTHORNE FL 32640**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**SECRETARY (D) ☐ Change ☐ Addition  
BRICKLE, EDWARD L.  
P. O. BOX 49 N/A  
LOCHLOOSA FL 32662-0049**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Signature Required**  
**7/13/99**  
**352-481-3532**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)