

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90257 012 \*\*\*\*61.25

**DOCUMENT # N98000007341**

1. Entity Name  
I. N. MCNATT LODGE NO. 103, INC., FREE AND  
ACCEPTED 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-1979470

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 Now Registered Agent

SHEPPARD, ROY C  
220 N 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 GOOD, JERRY D P.O. BOX 423 HAWTHORNE, FL 32640	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD MITCHELL, STEVE 828 NE 51 ST AVE OCALA, FL 34470	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD THOMAS HARRIS, CHARLES 2195 NE 97TH RD ANTHONY, FL 32617	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLINGTON, JEFF MCMEEKIN JR PO BOX 128 HAWTHORNE, FL 326400128	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRICKLE, EDWARD L P O BOX 49 LOCHLOOSA, FL 32662	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Steve Mitchell 828 N E 51st Ave Ocala FL-34470-0811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Charles Thomas Harris 2195 NE 97TH ST RD ANTHONY FL 32617-3332 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Clinton Atwater Benjamin P O Box 104 N/A Interlachen FL 32148-0104
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 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. Ellington J. McMeekin, Jr., Treas.

SIGNATURE: Ellington J. McMeekin, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/29/2004 352-481-7591