

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90063 044 \*\*\*\*61.25

**DOCUMENT # N99000003642**



1. Entity Name  
ROBERT B. SHUGART LODGE NO. 393, INC.  
FREE AND ACCEPTED MASONS OF FLOR

Principal Place of Business  
ROY C. SHEPPARD  
220 OCEAN STREET  
JACKSONVILLE, FL 32202

Mailing Address  
ROY C. SHEPPARD  
220 OCEAN STREET  
JACKSONVILLE, FL 32202



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-3717169

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

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, 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  
BURCHETT, EDWARD H  
7937 SLOOP PL., APT. 103  
ORLANDO, FL 328253167 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WORSHIPFUL MASTER (D) ☒ Change ☐ Addition  
Robert Vernon Hall  
5747 Peregrine Ave  
Orlando FL 32819-7505

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MOFFSES, PHILLIP E  
3007 SURFSIDE WAY  
ORLANDO, FL 32805 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SENIOR WARDEN (D) ☐ Change ☒ Addition  
George Scott I Penvoire  
1026 Highland Pointe Dr.  
Winter Garden FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JWD  
HALL, ROBERT B  
5747 PEREGRINE AVE.  
ORLANDO, FL 32819 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JUNIOR WARDEN (D) ☐ Change ☒ Addition  
George Scott Penvoire II  
222 HAWTHORNE GROVE BLVD  
ORLANDO FL 34787-6852

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
PERCHE, JEAN-CLAUDE  
5255 TIMBERVIEW TERRACE  
ORLANDO, FL 32819 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JWD  
MCNABB, FREDDY G  
13215 MASCOTE EMPIRE RD.  
GROVELAND, FL 347362005 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN-CLAUDE PERCHE

Date

Daytime Phone #

04/08/04 407-370-9158