


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90203 013 ****61.25

DOCUMENT # C10021					
1. Entity Name HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST 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	4. FEI Number 23-7526466	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	S	Delete <input checked="" type="checkbox"/>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PORTER, THOMAS LEE			Richard Dean Mengeling	
STREET ADDRESS	117 N 18TH STREET			P O Box 1618 N/A	
CITY-ST-ZIP	HAINES CITY, FL 338444803			Winter Haven FL 33892-1618	
TITLE	WM	Delete <input checked="" type="checkbox"/>		WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLISON RACHEL, JAMES			Leonard J Allen Smith	
STREET ADDRESS	1020 KENTUCKY ST			423 Jeremy Dr	
CITY-ST-ZIP	HAINES CITY, FL 338449748			Davenport FL 33837-9366	
TITLE	SW	Delete <input checked="" type="checkbox"/>		SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN SMITH, LEONARD J			Helvio Astrogildo Napoleao	
STREET ADDRESS	423 JEREMY DRI			127 Piano Ln	
CITY-ST-ZIP	DAVENPORT, FL 338379366			Davenport FL 33896-8379	
TITLE	JW	Delete <input checked="" type="checkbox"/>		JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NAPOLEAO, HELVIA A			Mario John Valente	
STREET ADDRESS	38 W RIDGE RD			1701 Commerce Ave #229	
CITY-ST-ZIP	DAVENPORT, FL 33837			Haines City FL 33844-1205	
TITLE	T	Delete <input checked="" type="checkbox"/>		TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLANIN, ROBERT			James Ellison Rachel	
STREET ADDRESS	25 RANCH TRAILS RD			1020 Kentucky St	
CITY-ST-ZIP	HAINES CITY, FL 33844			Haines City FL 33844-2600	
TITLE		Delete <input type="checkbox"/>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: _____		Richard D. Mengeling		3-14-06 813 422-3133	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	