## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # C10021

1. Entity Name

HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASONS OF FLORIDA



ROY CONNOR SHEPPARD R 220 OCEAN ST 2		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.		02072006 CH	ng-NP CR2	E037 (11/05)		
City & State		City & State		4. FEI Number 23-752646	6	<b>⊢</b>	oplied For	
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
			Name					
SHEPPARD, ROY CONNOR 220 OCEAN STREET			Street Address		s (P.O. Box Number is Not Acceptable)			
JACKSONVILLE, FL 32262								
	·•		City		·····	Zip Cod	le	
8. The above	named entity submits this statement fo	r the purpose of changing its regi-	istered office or registe	red agent or both in			and accent	
	tions of registered agent.	the perpendicular straining the regular	otoros sinos er regioto	and agon, or boar, at	ino oldro or riorida. Tr		and accopt	
1.								
SIGNATURE.	Signature, typed or printed name of registered agent.							
i	pignature, types or priviles right a criticalization afterit	and trie it applicable. (NU15: Heg	gistered Agent signature require	d when reinstating)	DA	IE.		
**	<u> </u>	<del></del>			T			
* **	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campai Trust Fund Contr	ign Financing	\$5.00 May Be Added to Fees	Make ch	eck payable to		
10.	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campai Trust Fund Contr	ign Financing ribution.	\$5.00 May Be Added to Fees	Make ch Florida De	eck payable to	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 ap-address) with all other like empowered.

NAME

STREET ADDRESS CITY+ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

**FILED** 

Apr 20, 2006 8:00 am Secretary of State

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

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