

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-12-2004 90257 035 ****61.25



DOCUMENT # C10051
 1. Entity Name
BEAVER CREEK LODGE NO. 230 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
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

03202004 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7526474
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD GATES, CARY 5256 SUE CIRCLE CRESTVIEW, FL 32539 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD MIKOS, SCOTT J 2803 MACGREGOR LANE CRESTVIEW, FL 32539 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD LANAUÉ, DAVID F 974 LIGHTHOUSE CHURCH RD HOLT, FL 32564 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYETT, GREGORY D 88 DANIEL JOHNSON RD BAKER, FL 32531 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANOUE, WILFRED H 974 LIGHTHOUSE CHURCH RD HOLT, FL 32564 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) Scott Joseph Mikos 2803 MACGREGOR LANE CRESTVIEW FL 32539-8373 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) Jack Caton Maulden 2547 Sea Robin Road Pensacola FL 32526-1561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) Bobby Lee Burns II 302 Woodland Park Cir Mary Esther FL 32569-1572 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gregory D. Boyett* **Gregory D. Boyett, Sec.** 4-3-04 850-623-7297
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #