


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90253 050 ****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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02072006 Chg-NP CR2E037 (11/05)

4. FEI Number 23-7526474		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10	
TITLE	WMD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, BOBBY L II	NAME	
STREET ADDRESS	302 WOODLAND PARK CIR	STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER, FL 325691572	CITY-ST-ZIP	
TITLE	JWD <input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GATES, JOHNATHAN C	NAME	David Francis Lanoue
STREET ADDRESS	591 RIDGE LAKE RD	STREET ADDRESS	974 Lighthouse Church Rd
CITY-ST-ZIP	CRESTVIEW, FL 325361517	CITY-ST-ZIP	Holt FL 32564-9389
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input checked="" type="checkbox"/> BOYETT, GREGORY D	NAME	
STREET ADDRESS	88 DANIEL JOHNSON RD	STREET ADDRESS	
CITY-ST-ZIP	BAKER, FL 32531	CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANOUE, WILFRED H	NAME	
STREET ADDRESS	974 LIGHTHOUSE CHURCH RD	STREET ADDRESS	
CITY-ST-ZIP	HOLT, FL 32564	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Johnathan Cary Gates
STREET ADDRESS		STREET ADDRESS	591 Ridge Lake Rd
CITY-ST-ZIP		CITY-ST-ZIP	Crestview FL 32536-1517
TITLE	<input type="checkbox"/> Delete	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: *Gregory D. Boyett* **Gregory D. Boyett** **3-10-06** **850-382-4982**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #