


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90036 045 ****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 - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

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

01202007 Chg-NP CR2E037 (12/06)

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 _____ 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, 2007

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	WMD	<input checked="" type="checkbox"/> Delete
NAME	BURNS, BOBBY L II	
STREET ADDRESS	302 WOODLAND PARK CIR	
CITY-ST-ZIP	MARY ESTHER, FL 325691572	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	LANOUE, DAVID FRANCES	
STREET ADDRESS	974 LIGHTHOUSE CHURCH ROAD	
CITY-ST-ZIP	HOLT, FL 325649389	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOYETT, GREGORY D	
STREET ADDRESS	88 DANIEL JOHNSON RD	
CITY-ST-ZIP	BAKER, FL 32531	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LANOUE, WILFRED H	
STREET ADDRESS	974 LIGHTHOUSE CHURCH RD	
CITY-ST-ZIP	HOLT, FL 32564	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	GATES, JONATHAN DARY	
STREET ADDRESS	591 RIDGE LAKE ROAD	
CITY-ST-ZIP	CRESTVIEW, FL 325361517	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WORLDWIDE MASTER	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnathan Cary Gates	
STREET ADDRESS	591 Ridge Lake Rd	
CITY-ST-ZIP	Crestview FL 32536-1517	
TITLE	SENIOR WARDEN	(D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cary Gates	
STREET ADDRESS	1413 Red Oak Dr	
CITY-ST-ZIP	Crestview FL 32537-9512	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SENIOR WARDEN	(D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bobby Lee Burns II	
STREET ADDRESS	302 Woodland Park Cir	
CITY-ST-ZIP	Mary Esther FL 32569-1572	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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* **3-29-07** **850-382-4982**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #