


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90016 034 ****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.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

02082008 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
**Lynn, Richard Edward
 220 Ocean Street
 Jacksonville, Florida 32202**

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: **3/18/08**

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, 2008**

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	D	<input checked="" type="checkbox"/> Delete
NAME	GATES, JOHNATHAN C	
STREET ADDRESS	591 RIDGE LAKE RD	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GATES, CARY	
STREET ADDRESS	1413 RED OAK DR	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
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	D	<input checked="" type="checkbox"/> Delete
NAME	BURNS, BOBBY L II	
STREET ADDRESS	302 WOODLAND PARK CIR	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WORSHIPFUL MASTER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Henry Lanoue	
STREET ADDRESS	2269 Tanglewood Lane	
CITY-ST-ZIP	CRESTVIEW FL 32536-5413	
TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Windell Gary Booker	
STREET ADDRESS	3228 Beaver Creek Rd	
CITY-ST-ZIP	Baker FL 32531-9802	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Thomas Coggins	
STREET ADDRESS	4811 Young Rd	
CITY-ST-ZIP	CRESTVIEW FL 32537-6348	
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:  DATE: **3-13-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR