2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10058

1. Entity Name

COCONUT GROVE LODGE NO. 258 FREE AND ACCEPTED MASONS OF FLORIDA



FILED

May 17, 2006 8:00 am Secretary of State

05-17-2006 90018 005 ****61.25

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202		Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			1 100 100 100 1	(1 2 1)	A ISIN SISM SISM SI	e i: 81811 81811 819	liikel el 1461		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05052006	Chg-NP	CR2E	037 (4/06)			
City & State		City & State			4. FEI Number 23-7526			 	pplied For ot Applicable		
Zip		Country	Zip	Cou	ıntry	5. Certificate o	of Status Desired	d 🗆	\$8.75 Add		
	6. Name	and Address of Current R	egistered Agent			7. Name and A	Address of Nev	w Registered	Agent		
CHEDDAD	יח פטער				Name						
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202				Street Address			(P.O. Box Number is Not Acceptable)				
in the state of th				City					Zip Cod	le	
								FL	- `		
	named entity tions of regist	y submits this statement for the seed agent	the purpose of changing its	s registere	ed office or registe	lered agent, or both	i, in the State of	Florida. I am	familiar with,	and accept	
uie obligat	IIONS OF EGIS	ereo agent.									
SIGNATURE .											
SIGNATORE.	Signature, typed	or printed name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signature require	red when reinstating)		DATE			
Filing Fee is \$61.25 9. Election Campaign Fi								 ,			
	Filling Fo	n in \$61 25	9. Election Car	mosion F	inencina	&E 00 14	1	Make chec	□ navahle t	^	
Đ	_	e is \$61.25 etember 6, 2006	9. Election Car Trust Fund (· -	\$5.00 May Be Added to Fees	, E	Make chec lorida Depar			
10.	_	,	Trust Fund (\$5.00 May Be Added to Fees ADDITIONS/CHAI	F	lorida Depai	rtment of S	tate	
	_	tember 6, 2006	Trust Fund (Contributi	ion. E WC	Added to Fees ADDITIONS/CHAP Orshipful	NGES TO OFFI Maste	Iorida Depar	rtment of S	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 further certify that the information indicated on this report or supplemental report is true and accurate and that my reflecture 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 reports 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 gitt all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

5-8-06

305-937-7157

Daytime Phone #