


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

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

DOCUMENT # C10058	
1. Entity Name COCONUT GROVE LODGE NO. 258 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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 23-7526491	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 ST 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 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 NAME STREET ADDRESS CITY-ST-ZIP	WM VEGA, JOSE M 25 SE 2ND AVE MIAMI, FL 331311510 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Worshipful Master (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Green, John D. 440 Santander Avenue #25 Coral Gables, FL 33134-6585
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD GREEN, JOHN D 440 SANTANDER AVE #25 CORAL GABLES, FL 331346585 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Warden (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nicholas Canakakis 9745 Arbor Oaks Lane #302 Boca Raton, FL 33428-2203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD CANAKAKIS, NICHOLAS 3209 CLINT MOORE RD BOCA RATON, FL 334963353 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Junior Warden (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Causey, Robert L. 15227 11th Avenue N. Jupiter, FL 33478-3509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTES-BRADLEY, SAUL M P.O. BOX 3556 HALLANDALE, FL 330083556 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIBERG, RICHARD E 7655 SW 83RD CT MIAMI, FL 331433827 <input type="checkbox"/> Delete	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"/> Delete	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 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 empowerments.

SIGNATURE: *Saul M. Montes-Bradley* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **5-8-06** **305-937-7157** **Date** **Daytime Phone #**