. .

SIGNATURE:

GNATURE AND TYPED OB FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT #C10189** 03-29-2006 90138 039 ****61.25 1. Entity Name GATEWAY LODGE NO. 384 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address ROY CONNOR SHEPPARD **ROY CONNOR SHEPPARD** 220 OCEAN ST 220 OCEAN ST JACKSONVILLE, FL 32202 115 JACKSONVILLE, FL 32202 115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02062006 Cha-NP CR2E037 (11/05) City & State 4 FFI Number Applied For City & State 59-2414470 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET JACKSONVILLE, FL 32202 Zip Code Fi 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 Signature, typed or perced name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2006 COFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. (D) Change WMD WORSHIPFUL MASTER ☐ Addition TITLE Delete TITLE ZIEGLER, RANDY LEE NAME Lawrence Wayne Bucurel NAME 4585 DAIRY RD STREET ADDRESS STREET ADDRESS Bild Kittler St TITUSVILLE, FL. 327961869 CITY-ST-ZIP CITY-ST-7IP Mims FL 32754-5639 ☐ Addition Delete TITLE Shange TITLE SENIOR WARDEN NAME BUCUREL, LAWRENCE WAYNE NAME Robert Bruce Murray STREET ADDRESS 3114 KITTLES ST STREET ADDRESS 890 Alford St MIMS, FL 327545639 CITY-ST-ZIP CITY-ST-7IP Titusville FL 32794-1885 ge ☐ Addition Delete TITLE TITLE MURRAY, ROBERT BRUCE NAME JUNIOR WARDEN (D) 890 ALFORD ST STREET ADDRESS STREET ADDRESS Thomas Kelly Mullins CITY-ST-ZIP TITUSVILLE, FL 327961885 CITY-ST-77E 3690 Maebert Rd ☐ Change ☐ Addition ☐ Delete TITLE Mims FL 32754-4711 WINDSOR, KENNETH E SR MAME NAME STREET ADDRESS STREET ADDRESS 1271 LITTLE OAK CIR TITUSVILLE, FL 32780 CITY-ST-ZIF CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NEYEN, GEORGE NAME NAME 4855 GANDY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIMS, FL 32754 CITY-ST-7IP ☐ Change ■ Addition TITLE ☐ Delete TITLE 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.

FILED Mar 29, 2006 8:00 am

Daytime Phone #