

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90253 021 ****61.25

DOCUMENT # C10020

1. Entity Name
**SAINT CLOUD LODGE NO. 221 FREE AND ACCEPTED
MASONS OF FLORIDA**



Principal Place of Business
**C/O ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202 US**

Mailing Address
**C/O ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7193178

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 STREET
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
HEMPHILL, MICHAEL D
PO BOX 701348
SAINT CLOUD, FL 347701348** ☒ Delete

WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
**Allen F Antoniac
801 Navajo Dr
Saint Cloud FL 34771-7844**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
ANTONIAK, ALLEN F
801 NAVAJO RD
SAINT CLOUD, FL 347717844** ☒ Delete

SENIOR WARDEN (D) ☒ Change ☐ Addition
**Jack Duane Lethenstrom
521 Brown Chapel Rd
Saint Cloud FL 34769-2037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SHARP, ALVIN R JR
5620-88 LAKE LIZZIE DR
SAINT CLOUD, FL 347719408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LETHENSTROM, JACK D
521 BROWN CHAPEL RD
SAINT CLOUD, FL 347692037** ☒ Delete

TREASURER (D) ☐ Change ☒ Addition
**Randy Sherman Owen Sr
6136 Barr Hwy
Saint Cloud FL 34771-8627**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
LAURIDSEN, PAUL H
437 CALIFORNIA AVE
SAINT CLOUD, FL 34769** ☒ Delete

JUNIOR WARDEN (D) ☐ Change ☒ Addition
**James Clarence Robinson
4207 Hamilton Ct
Saint Cloud FL 34769-6729**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alvin R. Sharpe, Jr.
P.M. Sec.

Mar, 9, 2006

407-857-2210