

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90022 023 ****61.25

DOCUMENT # C10025

1. Entity Name
**TAMPA LODGE NO. 240 FREE AND ACCEPTED MASONS
OF FLORIDA**



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

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

60022754



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
23-7130236

Applied For
Not Applicable

Zip

Country

Zip

Country

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

TITLE	SW	<input checked="" type="checkbox"/> Delete
NAME	YEAGER, LARRY E	
STREET ADDRESS	10405 MEADOW CROSSING DR	
CITY-ST-ZIP	TAMPA, FL 336473155	
TITLE	JW	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, ROGER W	
STREET ADDRESS	7810 RIVERRIDGE DR	
CITY-ST-ZIP	TAMPA, FL 336374933	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEBOLT, DONALD L	
STREET ADDRESS	10402 MEADOW CROSSING DR	
CITY-ST-ZIP	TAMPA, FL 336473154	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BEARDSLEY, MORRIS H	
STREET ADDRESS	1736 WINDSOR WAY	
CITY-ST-ZIP	TAMPA, FL 336195740	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BIDWELL, ALBERT P	
STREET ADDRESS	3318 CASTLEROCK CIR	
CITY-ST-ZIP	LAND O LAKES, FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONAL OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SENIOR WARDEN (D)	
NAME	Larry Stuart Lee	
STREET ADDRESS	3227 Castlerock Cir	
CITY-ST-ZIP	Land O Lakes FL 34639-5585	
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Edward Arner	
STREET ADDRESS	10344 Meadow Crossing Dr	
CITY-ST-ZIP	Tampa FL 33647-3182	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Neil Kershner	
STREET ADDRESS	1305 Bell Shoals Rd	
CITY-ST-ZIP	Brandon FL 33511-6634	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	WORSHIPFUL MASTER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ronnie Lee Barrow	
STREET ADDRESS	P O Box 5646 N/A	
CITY-ST-ZIP	Tampa FL 33675-5646	

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: *Robert N. Kershner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06
Date

813-247-5649
Daytime Phone #