

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90169 026 \*\*\*\*61.25

**DOCUMENT # C10032**

1. Entity Name  
**GULF STREAM LODGE NO. 245 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**

40043373



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01202007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-6133936**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent  
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, 2007**

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	TD ZIMMERMAN, DONALD W SR. 7777 PINE TREE LANE WEST PALM BEACH, FL 33406 <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	WMD LANNING, DONALD DALE SR. 18100 MURCOTT BLVD LOXAHATCHEE, FL 33470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>WORSHIPFUL MASTER</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard Dean Boynton 5750 Cinnamon Dr West Palm Beach FL 33415-6324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD BOYNTON, RICHARD D 5750 CINNAMON DR WEST PALM BEACH, FL 33415 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SENIOR WARDEN</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Roy Dean Strohacker 1325 S N St Lake Worth FL 33460-5642
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD STROHACKER, ROY D 1325 S N ST LAKE WORTH, FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>JUNIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gerald Irving Strohacker 1325 S N St Lake Worth FL 33460-5642
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZIMMERMAN, DONALD W JR 8379 SW BENT OAK CT STUART, FL 34997 <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 empowered.

**SIGNATURE:** DONALD W. ZIMMERMAN JR. **3/7/07** **772-761-0737**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #