


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90342 048 \*\*\*\*61.25

<b>DOCUMENT # C10036</b> 1. Entity Name <b>EOLA LODGE NO. 207 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS					
TITLE	WMD <input checked="" type="checkbox"/> Delete <b>MASSEY, ROBERT MICHAEL</b> STREET ADDRESS <b>18503 BELLMORE AVE</b> CITY-ST-ZIP <b>ORLANDO, FL 328201738</b>				
TITLE	SWD <input checked="" type="checkbox"/> Delete <b>KING, HERBERT WILSON III</b> STREET ADDRESS <b>3615 E ESTHER ST</b> CITY-ST-ZIP <b>ORLANDO, FL 328125116</b>				
TITLE	JWD <input checked="" type="checkbox"/> Delete <b>JONES, STEVEN MICHAEL</b> STREET ADDRESS <b>7534 SUN TREE CIR, # 137</b> CITY-ST-ZIP <b>ORLANDO, FL 328075165</b>				
TITLE	TD <input type="checkbox"/> Delete <b>BRUMLEY, HARRY GILBERT III</b> STREET ADDRESS <b>618 LAKE SHORE DR</b> CITY-ST-ZIP <b>MAITLAND, FL 327513214</b>				
TITLE	SD <input type="checkbox"/> Delete <b>RICE, THOMAS SEVILLE</b> STREET ADDRESS <b>2913 DONDEL DR</b> CITY-ST-ZIP <b>ORLANDO, FL 328125847</b>				
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<b>WORSHIPFUL MASTER (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Herbert Wilson King III</b> <b>3615 E Esther St</b> <b>Orlando FL 32812-5114</b>					
<b>SENIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Steven Michael Jones</b> <b>7534 Sun Tree Cir #137</b> <b>Orlando FL 32807-5165</b>					
<b>JUNIOR WARDEN (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James Walter Palow</b> <b>5625 Parkview Pointe Dr</b> <b>Orlando FL 32821-7965</b>					
NAME STREET ADDRESS CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP					
<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 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.					
<b>SIGNATURE: _____</b> <div style="display: flex; justify-content: space-between;"> <div> <b>Thomas S. Rice</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <b>May 24, 2006</b>  <small>Date</small> </div> <div> <b>407 894-0888</b>  <small>Daytime Phone #</small> </div> </div>					