



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-17-2006 90342 047 ****61.25

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # C10039 1. Entity Name VERO LODGE NO. 250 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 23-7526486 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> Not Applicable | |
| 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 <div style="display: flex; justify-content: space-between;"> FL 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> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | WMD NAME JOHN LEKANIDES, GEORGE | | <input checked="" type="checkbox"/> Delete | | NO DIRECTORS IN 10 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 181 9TH DR | | WORSHIPFUL MASTER (D) Vincent William Unrue | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | VERO BEACH, FL 329622815 | | 7000 20th St #704 Vero Beach FL 32966-8870 | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | SWD NAME WILLIAM UNRUE, VINCENT | | <input type="checkbox"/> Delete | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 7000 20TH ST #704 | | SENIOR WARDEN (D) James David McCann II | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | VERO BEACH, FL 329668872 | | 1617 N Flagler Dr #6A West Palm Beach FL 33407-65 | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | SD NAME BARNÉY, BUD E | | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 3628 12TH ST SW | | SECRETARY (D) Philip J Duprey Jr | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| CITY-ST-ZIP | VERO BEACH, FL 329684941 | | 5809 Fort Pierce Blvd Fort Pierce FL 34951-1705 | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | JWD NAME MCCANN II, JAMES D | | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 1617 N FLAGLER DR | | JUNIOR WARDEN (D) Julius G Nagy Jr | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| CITY-ST-ZIP | WEST PALM BEACH, FL 334076506 | | 8006 James Rd Fort Pierce FL 34951-2183 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input checked="" type="checkbox"/> TD NAME STEVENSON, WILLIAM R | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 3220 12TH ST | | NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | VERO BEACH, FL 329603802 | | CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | <input type="checkbox"/> NAME | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <input type="checkbox"/> STREET ADDRESS | | NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY-ST-ZIP | <input type="checkbox"/> CITY-ST-ZIP | | 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: X Philip Duprey  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date 4/5/06 Daytime Phone # 1-772-464-9115 | | | | | |