


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90036 045 \*\*\*\*61.25

<b>DOCUMENT # C10051</b> 1. Entity Name <b>BEAVER CREEK LODGE NO. 230 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-7526474</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
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		
			State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	WMD	<input checked="" type="checkbox"/> Delete	TITLE	<del>WORTHFUL MASTER</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BURNS, BOBBY L II</b>		NAME	<b>Johnathan Cary Gates</b>	
STREET ADDRESS	<b>302 WOODLAND PARK CIR</b>		STREET ADDRESS	<b>591 Ridge Lake Rd</b>	
CITY-ST-ZIP	<b>MARY ESTHER, FL 325691572</b>		CITY-ST-ZIP	<b>Crestview FL 32536-1517</b>	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	<del>SENIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LANOUE, DAVID FRANCES</b>		NAME	<b>Cary Gates</b>	
STREET ADDRESS	<b>974 LIGHTHOUSE CHURCH ROAD</b>		STREET ADDRESS	<b>1413 Red Oak Dr</b>	
CITY-ST-ZIP	<b>HOLT, FL 325649389</b>		CITY-ST-ZIP	<b>Crestview FL 32537-8512</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOYETT, GREGORY D</b>		NAME		
STREET ADDRESS	<b>88 DANIEL JOHNSON RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BAKER, FL 32531</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANOUE, WILFRED H</b>		NAME		
STREET ADDRESS	<b>974 LIGHTHOUSE CHURCH RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLT, FL 32564</b>		CITY-ST-ZIP		
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	<del>SENIOR WARDEN</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GATES, JONATHAN DARY</b>		NAME	<b>Bobby Lee Burns II</b>	
STREET ADDRESS	<b>591 RIDGE LAKE ROAD</b>		STREET ADDRESS	<b>302 Woodland Park Cir</b>	
CITY-ST-ZIP	<b>CRESTVIEW, FL 325361517</b>		CITY-ST-ZIP	<b>Mary Esther FL 32569-1572</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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> <i>X Gregory D. Boyett</i>			3-29-07 850-382-4982		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		