


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90040 028 \*\*\*\*61.25

<b>DOCUMENT # C10052</b> 1. Entity Name <b>WINTER PARK LODGE NO. 239 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 #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>23-7109073</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01202007    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <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 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JVD SETZER, JACK S 804 ROYALTO RD ORLANDO, FL 328258267</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUNIOR WARDEN (D) Alex Ayham Darwich 1904 Applegate Cv Casselberry FL 32707-4150</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COSTA, MICHAEL A 150 WILLIAMS RD LAKE MARY, FL 32746</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WORSHIPFUL MASTER (D) Harry Victor Eisenberg 1506 The Oaks Dr Maitland, FL 32751-4511</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BUKOSKI, JOHN E 14212 FOREST OAKS DR ORLANDO, FL 328265240</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR WARDEN (D) Jack Steven Setzer 804 Royaltan Rd Orlando FL 32825-8267</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SW EISENBERG, HARRY V 1506 THE OAKS DR MAITLAND, FL 327514511</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER (D) Chester Arthur King 9878 Brodbeck Blvd Orlando FL 32832-5612</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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.					
<b>SIGNATURE:</b> <i>John E. Bukoski</i>			<i>8 March 2007</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		