2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10063

1. Entity Name CLEARWATER LODGE NO. 127 FREE AND ACCEPTED



FILED Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90278 045 ****61.25

	OF FLORIDA	THE MODELLIE					
ROY CONNOR SHEPPARD 220 OCEAN ST. 22		Mailing Address Roy Connor Sheppard 220 Ocean St. Jacksonville, FL 32202 US					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022006 Ch	ig-NP CR	2E037 (11/05)	
City & State		City & State		4. FEI Number 59-0794113	3		Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Addi Fee Required	
6. Name and Address of Current Registered		gistered Agent		7. Name and Addr	ress of New Registe	red Agent	
SHEPPARD, ROY CONNOR			Name				
220 OCEAN ST JACKSONVILLE, FL 32202			Street Address (P.O. Box Number is Not Acceptable)		lot Acceptable)		
	,, <u></u> ,,		City			Zip Code	
			, i			rl	
	named entity submits this statement for toons of registered agent.	ne purpose of changing its r	egistered office or registe	red agent, or both, in t	the State of Florida.	I am familiar with, a	and accept
CONTRACTOR							
SIGNATURE -	Signature, typed or printed name of registered agent and	I title if applicable. (NOTE:	Registered Agent signature require	id when reinstating)	D	ATE	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees		heck payable to epartment of St	ı
10.	OFFICERS AND DIRE	CTORS	"WOREHTER	TUL MASTER	(D) IAN	ID DIRECTORS IN	10
TITLE	D	Delete		npson		☐ Change	Addition
NAME	BIRENBAUM, MARK WM	1		ingdale 5	, t		•
STREET ADDRESS	1448 ROSETREE CT		Clearwat	er FL 337	55-2745		1
CITY-ST-ZIP	CLEARWATER, FL 337642833		SENIOR W		(D) =		
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	I 1446 RUSE I REE U I					Change	_
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	CLEARWATER, FL 337642833 JWD ARTHUR VONWERDER, VERNOI		2291 Gul Clearwat THE NAME	f To Bay (Blvd		☐ Addition
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Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida Statutes. 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.

GNATURE:

| Continue | Chapter | Chapter

SIGNATURE: ,