

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90015 034 \*\*\*\*61.25

**DOCUMENT # C10076**

1. Entity Name  
**ALPHA LODGE NO. 172 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**

90034022



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

01202007

Chg-NP

CR2E037 (12/06)

4. FEI Number  
**23-7193180**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR  
220 OCEAN ST  
JACKSONVILLE, FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 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 ☒ S ☐ Delete  
NAME **EASOM, ROBERT L**  
STREET ADDRESS **204 NEWCASTLE DR**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 325472446**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ WM ☐ Delete  
NAME **DRIVER, WAYNE W**  
STREET ADDRESS **308 YACHT CLUB DR, NE**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 325486424**

TITLE ☐ Change ☒ Addition  
NAME **JUNIOR WARDEN (D)**  
STREET ADDRESS **Bruce Clyde Brega**  
CITY-ST-ZIP **9 Fawn Ln**

TITLE ☒ SW ☐ Delete  
NAME **GAILLARD, DAVID H JR**  
STREET ADDRESS **4081 INDIAN TRL**  
CITY-ST-ZIP **DESTIN, FL 325414325**

TITLE ☐ Change ☒ Addition  
NAME **WORSHIPFUL MASTER (D)**  
STREET ADDRESS **David Hawthorne Gaillard Jr**  
CITY-ST-ZIP **4081 Indian Trl**

TITLE ☒ TD ☐ Delete  
NAME **MCSWAIN, WILLIAM EARL**  
STREET ADDRESS **203 MORIATITY STREET N.W.**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 325484214**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ JW ☐ Delete  
NAME **NYSTROM, DONALD A JR**  
STREET ADDRESS **515 WINTHROP ST**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 325472654**

TITLE ☐ Change ☒ Addition  
NAME **SENIOR WARDEN (D)**  
STREET ADDRESS **Donald Arthur Nystrom Jr**  
CITY-ST-ZIP **515 Winthrop St**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

SIGNATURE: **Robert L. Easom, Robert L. Easom**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/5/07**

Date

**850-243-8051**

Daytime Phone #