

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90252 047 \*\*\*\*61.25

**DOCUMENT # C10078**

1. Entity Name  
**CORAL GABLES LODGE NO. 260 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

02072006

Chg-NP

CR2E037 (11/05)

4. FEI Number

**26-7197915**

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, 2006**

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **FABRE, JEAN-PAUL WM**  
STREET ADDRESS **7913 NW 7TH CT**  
CITY-ST-ZIP **PLANTATION, FL 333241454**

**WORSHIPFUL MASTER (D)** ☒ Change ☐ Addition  
**Barry Alan Wake**  
**13010 SW 80th St**  
**Miami FL 33183-4215**

TITLE **D** ☒ Delete  
NAME **WAKE, BARRY A SW**  
STREET ADDRESS **13010 SW 80 STREET**  
CITY-ST-ZIP **MIAMI, FL 331834215**

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

TITLE **SWD** ☒ Delete  
NAME **FABRE, JEAN-PAUL**  
STREET ADDRESS **7913 NW 7TH CT**  
CITY-ST-ZIP **PLANTATION, FL 333241454**

**SENIOR WARDEN (D)** ☒ Change ☐ Addition  
**Virgil Norman Salisbury**  
**5445 SW 89th Pl**  
**Miami FL 33165-6624**

TITLE **T** ☒ Delete  
NAME **SPEAR, SALE Z**  
STREET ADDRESS **12831 SW 10 CT**  
CITY-ST-ZIP **DAVIE, FL 333255526**

TITLE **TREASURER (D)** ☒ Change ☐ Addition  
**Dale Andrew Spear**  
**12831 SW 10th Ct**  
**Davie FL 33325-5526**

TITLE ☒ **S** ☐ Delete  
NAME **GONZALEZ, HERMAN**  
STREET ADDRESS **3830 NW 60 CT**  
CITY-ST-ZIP **VIRGINIA GARDENS, FL 331667023**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JUNIOR WARDEN (D)**  
**Eduardo Lorenzo-Estrada**  
**2010 SW 123rd Ct**  
**Miami FL 33175-7719**

TITLE **D** ☒ Delete  
NAME **SALISBURY, VIRGIL N JW**  
STREET ADDRESS **5445 SW 89 PLACE**  
CITY-ST-ZIP **MIAMI, FL 331656624**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Herman Gonzalez 3-8-06**

Date

Daytime Phone #

**706-489-1957**