
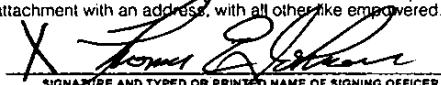


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90203 023 ****61.25

DOCUMENT # C10088 1. Entity Name MOORE HAVEN LODGE NO. 61 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNER SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNER SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6201338	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 STREET JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	WMD <input checked="" type="checkbox"/> Delete		TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEARD, ROGER ALLEN		NAME	Edwin L Sacks	
STREET ADDRESS	RR 6 BOX 847		STREET ADDRESS	847 Yacht Club Way	
CITY-ST-ZIP	OKEECHOBEE, FL 349749604		CITY-ST-ZIP	Moore Haven FL 33471-2809	
TITLE	SWD <input checked="" type="checkbox"/> Delete		TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME	SOCKI, EDWIN L		NAME	Guy Dirwood Wilson	
STREET ADDRESS	947 YACHT CLUB		STREET ADDRESS	855 Yacht Club Way	
CITY-ST-ZIP	MOORE HAVEN, FL 334712809		CITY-ST-ZIP	Moore Haven FL 33471 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	JWD <input checked="" type="checkbox"/> Delete		TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME	WILSON, GUY DIRWOOD		NAME	James Richard Schneider	
STREET ADDRESS	855 YACHT CLUB WAY		STREET ADDRESS	901 Riverside Dr	
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP	Moore Haven FL 33471-2025 <input type="checkbox"/> Addition	
TITLE	TD <input type="checkbox"/> Delete		TITLE	SECRETARY (D) <input type="checkbox"/> Addition	
NAME	WUNSCH, THOMAS A		NAME	Thomas Eugene Johnson	
STREET ADDRESS	7770 COFFEE RD NW		STREET ADDRESS	P O Box 100340 N/A <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP	MOORE HAVEN, FL 334718715		CITY-ST-ZIP	Palm Bay FL 32910-0340	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE		
NAME	SOUTHERLAND, NED		NAME		
STREET ADDRESS	P.O. BOX 772		STREET ADDRESS		
CITY-ST-ZIP	MOORE HAVEN, FL 33471		CITY-ST-ZIP		
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.					
SIGNATURE: 			THOMAS E. JOHNSON 3/8/06 321.726-0045		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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