


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90283 029 ****61.25

DOCUMENT # C10092					
1. Entity Name LEESBURG LODGE NO. 58 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN STREET 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	4. FEI Number 59-6139800	
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		
			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 _____ (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. <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	JWD <input checked="" type="checkbox"/> Delete		TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRIAND, DAVID K		NAME	William Earnest Countryman	
STREET ADDRESS	2039 LEWIS RD		STREET ADDRESS	324 W Lady Lake Blvd	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Lady Lake FL 32159-4327	
TITLE	D <input type="checkbox"/> Delete		TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME	RICKER, DENNIS C		NAME	William Henry Green	
STREET ADDRESS	26934 RACQUET DR		STREET ADDRESS	39042 Rose St	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Umatilla FL 32784-8933	
TITLE	D <input type="checkbox"/> Delete		TITLE	TREASURER (D) <input checked="" type="checkbox"/> Addition	
NAME	GIBSON, ROLAND P		NAME	Kenneth Joe Graves	
STREET ADDRESS	5021 EL DESTINO DR		STREET ADDRESS	34240 Rosa Ln	
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	Fruitland Park FL 34731-6138	
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE		
NAME	TANNER, RICHARD E		NAME		
STREET ADDRESS	P.O. BOX 985		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP		
TITLE	TD <input checked="" type="checkbox"/> Delete		TITLE		
NAME	CROVER, KENNETH J		NAME		
STREET ADDRESS	34240 ROSA LN		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK, FL 34731		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		
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: <i>Dennis C. Ricker</i> DENNIS C. RICKER <i>3/11/06</i> 352-787-5696 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					