


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90278 038 ****61.25

DOCUMENT # C10110 1. Entity Name DORIC LODGE NO. 140 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 23-7134452				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD ELLIOTT, ROGER H 24 NE 24TH ST FORT LAUDERDALE, FL 333051022	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLLAND, ROBERT R JR 6161 NW 34TH WAY FORT LAUDERDALE, FL 333092221	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD DIEHL, GUNTER W 4536 SW 30TH AVE FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVENPORT, DAVID W PO BOX 5101 FORT LAUDERDALE, FL 33310	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD SHEIN, MICHAEL 1118 SW 8TH TERR FORT LAUDERDALE, FL 333151261	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELLIOTT, ROGER H 24 NE 24TH ST FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
WORSHIPFUL MASTER (D) Gunter Winfried Diehl 4536 SW 30th Ave Fort Lauderdale FL 33312-5619		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
SENIOR WARDEN (D) Michael Shein 1118 SW 8th Ter Fort Lauderdale FL 33315-12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TREASURER (D) John Robert Howard 610 NW 7th Ave Fort Lauderdale FL 33311-7389		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
JUNIOR WARDEN (D) Sidney King 2111 NW 76th Ave Margate FL 33043-7932		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Robert Holland, Jr.</i> 3/7/06 (954) 969-1323					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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