

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90278 005 ****61.25

DOCUMENT # C10120

1. Entity Name
**MELROSE LODGE NO. 89 FREE AND ACCEPTED
MASONS OF FLORIDA**



Principal Place of Business
**ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US**

Mailing Address
**ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US**

50006111



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
23-7078434

Applied For
Not Applicable

Zip Country

Zip Country

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 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ NAME **WM**
NAME **GIVENS, LLOYD F** ☐ Delete
STREET ADDRESS **7180 WHITE PLAINS WAY**
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE **SENIOR WARDEN** (D) ☒ Change ☐ Addition
NAME **David Thomas DaCosta Sr**
STREET ADDRESS **208 Kirby Ln**
CITY-ST-ZIP **Grandin FL 32138**

TITLE ☒ NAME **SWD**
NAME **FITTS, JEFFREY A** ☒ Delete
STREET ADDRESS **6394 CASCADE DR**
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

TITLE **JUNIOR WARDEN** (D) ☒ Change ☒ Addition
NAME **Robert Denis Bjork III**
STREET ADDRESS **212 Dogwood Dr**
CITY-ST-ZIP **Interlachen FL 32148-4314**

TITLE ☒ NAME **JWD**
NAME **DACASTRO, DAVID T SR** ☒ Delete
STREET ADDRESS **208 KIRBY LANE**
CITY-ST-ZIP **GRANDIN, FL 32138**

TITLE **SECRETARY** (D) ☒ Change ☒ Addition
NAME **William Kenneth Schirmmacher**
STREET ADDRESS **1021 E Coll St**
CITY-ST-ZIP **Starke FL 32091-3617**

TITLE ☒ NAME **T**
NAME **GUNTER, KENNETH F** ☐ Delete
STREET ADDRESS **5737 N CRATER LAKE DR**
CITY-ST-ZIP **KEYSTONE HEIGHTS, FL 32656**

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

TITLE ☒ NAME **S**
NAME **FORD, EDGAR D** ☒ Delete
STREET ADDRESS **10812 SE 38TH AVE**
CITY-ST-ZIP **STARKE, FL 32091**

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

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:

E.D. Ford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.D. FORD

10-11-06

Date

352-973-4454

Daytime Phone #