


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90190 027 ****61.25

DOCUMENT # C10126 1. Entity Name LAKE LODGE NO. 72 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6557726	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JACKSON, HARVEY K JR		NAME	Robert Jennings Pringle Jr	
STREET ADDRESS	PO BOX 596		STREET ADDRESS	100 Browns Fish Camp Rd	
CITY-ST-ZIP	POMONA PARK, FL 32181		CITY-ST-ZIP	Crescent City FL 32112-4712 <input type="checkbox"/> Addition	
TITLE	JWD <input checked="" type="checkbox"/> Delete		TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> X	
NAME	CLAYTON LORD, ERNEST		NAME	Mark Edwin Wilson	
STREET ADDRESS	339 E BUFFALO BLUFF RD		STREET ADDRESS	P O Box 1406 N/A	
CITY-ST-ZIP	SATSUMA, FL 32189		CITY-ST-ZIP	San Mateo FL 32187-1406 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> X	
NAME	HAWKINDS, WILLIS J		NAME	William I Reynolds	
STREET ADDRESS	128 MAGNOLIA ST		STREET ADDRESS	249 Lake Ln	
CITY-ST-ZIP	SATSUMA, FL 32189		CITY-ST-ZIP	Crescent City FL 32112-4156 <input type="checkbox"/> Addition	
TITLE	TD <input type="checkbox"/> Delete		TITLE	SECRETARY (D) <input checked="" type="checkbox"/> X	
NAME	ROFFLER, REX E		NAME	Thomas Stuto	
STREET ADDRESS	149 WATERWAY AVE		STREET ADDRESS	P O Box 835 N/A	
CITY-ST-ZIP	SATSUMA, FL 32189		CITY-ST-ZIP	Pomona Park FL 32181-0835 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SWD <input checked="" type="checkbox"/> Delete		TITLE		
NAME	GREER, JAMES R		NAME		
STREET ADDRESS	303 OLD HWY 17		STREET ADDRESS		
CITY-ST-ZIP	CRESCENT CITY, FL 321124441		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: <i>Thomas Stuto</i> Thomas Stuto 3/23/2006 386-649-9021 (Home) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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