

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90203 016 ****61.25

DOCUMENT # C10127

1. Entity Name
**PEARL OF THE WEST LODGE NO. 146 FREE AND
ACCEPTED MASONS OF FLORIDA**



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

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

4005000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-1657740

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

TITLE ☒ T
NAME **SLACK, FRED LUCIAN** ☒ Delete
STREET ADDRESS **11151 BROOKLAWN DR**
CITY-ST-ZIP **HUDSON, FL 346675528**

TITLE ☒ VM
NAME **HISCUTT, JUDSON A** ☐ Delete
STREET ADDRESS **6862 HILL DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 346532624**

TITLE ☒ SW
NAME **KUENY, JON MICHAEL** ☒ Delete
STREET ADDRESS **4919 DORY DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 3465244**

TITLE ☒ JW
NAME **MYERS, ROBERT EUGENE** ☒ Delete
STREET ADDRESS **5108 RUBBER TREE DIR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 346534966**

TITLE ☒ S
NAME **DEROBERTS, LUKE JOSEPH** ☐ Delete
STREET ADDRESS **P.O. BOX 160**
CITY-ST-ZIP **PORT RICHEY, FL 346730160**

TITLE ☐
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SENIOR WARDEN** (D) ☒ Change ☐ Addition
NAME **Robert Eugene Myers**
STREET ADDRESS **5108 Rubber Tree Dir**
CITY-ST-ZIP **New Port Richey FL 34653-49**

TITLE **JUNIOR WARDEN** (D) ☒ Addition
NAME **Milton Ray Trahan**
STREET ADDRESS **11506 Orleans Ln**
CITY-ST-ZIP **Port Richey FL 34668-1128** ☐ Addition

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

TITLE ☐ Change ☐ Addition
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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:

Luke J. De Roberts - **Luke J. De Roberts**

3-20-06 - 727-267-0157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #