

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90278 004 ****61.25

DOCUMENT # C10130

1. Entity Name
**FORT PIERCE LODGE NO. 87 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**

50006112



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02012006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7163085

Applied For
Not Applicable

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
STREET ADDRESS
CITY-ST-ZIP
**T/D
MAIN, WILLIAM H
61 SUNSHINE AVE
FORT PIERCE, FL 349826347** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
Rollin F Ankeny
8219 S Indian River Dr
Fort Pierce FL 34982-7862**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
EVANS-BROWN, DAVID A
360 MELTON DRIVE
FORT PIERCE, FL 349827356** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☒ ☐ Addition
Michael Todd Miller
2714 S 27th St
Fort Pierce FL 34981-6008**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
HALBERHG, ERIC S
303 BRAZILIAN CIR
PORT SAINT LUCIE, FL 34952** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☒ ☐ Addition
Rollin Barry Ankeny
8231 S Indian River Dr
Fort Pierce FL 34982-7862**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
MILLER, MICHAEL T
2714 S 27TH ST
FORT PIERCE, FL 349816008** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER (D) ☒ ☐ Addition
John Reiff
21 Azul
Fort Pierce FL 34951-2801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
ANKENY, ROLLIN F
8219 S INDIAN RIVER DR
FORT PIERCE, FL 349827862** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

3-13-06

SIGNATURE: David A. Evans-Brown, PM. DAVID A. EVANS-BROWN, PM 904-354-2339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #