## 2006 NOT-FOR-PROFIT CORPORATION

## Mar 27, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # C10131 03-27-2006 90253 032 \*\*\*\*61.25 1. Entity Name PINELAND LODGE NO. 86 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address **ROY CONNOR SHEPPARD** ROY CONNOR SHEPPARD 220 OCEAN ST 220 OCEAN ST JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 CR2E037 (11/05) 4. FEI Number 59-1804861 City & State City & State Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEPPARD, ROY CONNOR Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET JACKSONVILLE, FL 32202 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS WMD ■ Addition TITLE Delete TITLE WORSHIPFUL MASTER VAN HORNF, KENNETH S NAME G. Allan Weaver 926 ANNETTE AVE STREET ADDRESS STREET ADDRESS P O Box 1 INTERLACHEN, FL 32148 CITY-ST-ZIP CITY-ST-ZIP Florahome FL 32140-0001 ☐ Addition TITLE ☐ Delete TITLE (D)X SENIOR WARDEN TRUMP, ROBERT DUANE NAME NAME P.O. BOX 374 STREET ADDRESS Bryan Keith Weaver STREET ADDRESS PALATKA, FL 321780374 CITY-ST-ZIP CITY-ST-ZIP P 0 80x 335 N/A ☐ Addition Delete TITLE Florahome FL 32140-0335 Change TITLE GIBBINS, LEE EDWIN NAME NAME JUNIOR WARDEN (D) STREET ADDRESS 117 E. OAKHILL DR. STREET ADDRESS Paul McComick White Jr CITY-ST-ZIP PALATKA, FL 321774261 CITY-ST-ZIP 305 E Buffalo Bluff Rd ☐Change **D**elete TITLE TITLE SWD Satsuma FL 32189-2707 WEAVER, GA NAME NAME STREET ADDRESS PO BOX 1 STREET ADDRESS CITY-ST-7IP FLORAHOME, FL 32140 CITY-ST-ZIP ☐ Change ☐ Addition JWD Delete TETLE TITLE WEAVER, BRYAN K NAME PO BOX 335 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FLORAHOME, FL 321400335 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE

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. Lee E. Gibbins

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<del>7-86-325-481</del>0

**FILED**