


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90249 015 ****61.25

DOCUMENT # C10135 1. Entity Name WINTER HAVEN LODGE NO. 186 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 59-1353003	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE EDEKER, ROBERT		NAME	Abercrombie, Willy P.	
STREET ADDRESS	311 GREENFIELD RD S.E.		STREET ADDRESS	239 9th Wahneta St., W.	
CITY-ST-ZIP	WINTER HAVEN, FL 338841311		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOSWORTH, ROBERT A		NAME		
STREET ADDRESS	1968 GALAXY DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLETCHER, JOHN WILLIAM		NAME		
STREET ADDRESS	2500 21ST STREET N.W., #68		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 338811276		CITY-ST-ZIP		
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	Senior Warden (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAUL ABERCROMBIE, WILLY		NAME	Hollie, Sr., Richard C.	
STREET ADDRESS	239 9TH WAHNETA ST W		STREET ADDRESS	220 1st St.	
CITY-ST-ZIP	WINTER HAVEN, FL 338806003		CITY-ST-ZIP	Davenport, FL 33837	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	Junior Warden (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOLLIE, RICHARD C SR		NAME	Blackmon, Ralph David	
STREET ADDRESS	220 1ST STREET		STREET ADDRESS	3641 Twisted Oak Ct.	
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP	Lake Wales, FL 33898-8510	
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: <u>Robert A. Bosworth, Sr.</u> ROBERT A. BOSWORTH, SR. 4/26/06 883-294-2005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					