


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90253 022 ****61.25

DOCUMENT # C10140					
1. Entity Name ACACIA LODGE NO. 163 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN STREET N JACKSONVILLE, FL 32202 US			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN STREET N JACKSONVILLE, FL 32202 US		
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 59-1692195	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For 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	
				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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				DIRECTORS IN 10	
TITLE	SW	<input checked="" type="checkbox"/> Delete		SENIOR WARDEN (D)	
NAME	KRATZER, EARL STANLEY			George Harrington Winterlin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	8272 SW SKIPPER DR			1517 S W BALMORAL TRACE	
CITY-ST-ZIP	STUART, FL 349974838			STUART FL 34997-7160	
TITLE	JWD	<input checked="" type="checkbox"/> Delete		JUNIOR WARDEN (D)	
NAME	GRIMES, KEVIN MICHAEL			Werner R Ollie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	604 SW 35TH ST			6525 SE Broadmoor Ln	
CITY-ST-ZIP	PALM CITY, FL 349903662			Stuart FL 34997-4738	
TITLE	WMD	<input checked="" type="checkbox"/> Delete		WORSHIPFUL MASTER (D)	
NAME	GEIGER, OTIS			Earl Stanley Kratzer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1733 S W 32ND TERR			8272 SW Skipper Dr	
CITY-ST-ZIP	PORT SALERNO, FL 349920			Stuart FL 34997-4838	
TITLE	TD	<input checked="" type="checkbox"/> Delete		TREASURER (D)	
NAME	HOFFE, HOMER DALE JR			John David Pickford <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	2010 SW OLYMPIC CLUB TER			137 SW East Danville Cir	
CITY-ST-ZIP	PALM CITY, FL 349906023			Port Saint Lucie FL 34953-5942	
TITLE	SD	<input checked="" type="checkbox"/> Delete		SECRETARY (D)	
NAME	WRIGHT, EDMUND RUSSELL			Paul Wilson Friend <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	420 SW SUNDANCE TRAIL			P O Box 6312 N/A	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349538220			Stuart FL 34997-6312	
TITLE		<input type="checkbox"/> Delete			
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: <i>X Paul W. Friend</i>		Paul W. Friend		SECRETARY	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		3/16/06		772-260-6404	