

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90278 050 ****61.25

DOCUMENT # C10147	
1. Entity Name MIDDLEBURG LODGE NO. 107 FREE AND ACCEPTED MASONS OF FLORIDA	



Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US
---	---

50006116



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02022006 Chg-NP CR2E037 (11/05)

4. FEI Number 23-7526402	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	
		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 <input checked="" type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	D MANUZ, JOSEPH M 4388 BANKS ROAD MIDDLEBURG, FL 320685004 <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	D RAMEO, STEPHEN M 6020 LAZY LANE KEYSTONE HEIGHTS, FL 32656 <input checked="" type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input checked="" type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	S PEACE, RICHARD G PO BOX 1473 MIDDLEBURG, FL 320501473 <input checked="" type="checkbox"/> Delete	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vernon Michael Nolan 5577 Drake Loop Rd Middleburg FL 32068-7420	
TITLE NAME <input checked="" type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	TD BULLARD, ROBERT HOWARD 1195 LAKE ASBURY DRIVE GREEN COVE SPRINGS, FL 320439556 <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input checked="" type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	D FILZ, MICHAEL D 4737 PINE AVE ORANGE PARK, FL 320737823 <input type="checkbox"/> Delete	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP		JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edward John Heize 4089 Lazy Acres Rd Middleburg FL 32068-4912	

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:

Vernon Michael Nolan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-06 Date *(904) 282-5936* Daytime Phone #