


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90168 019 ****61.25

DOCUMENT # C10157 1. Entity Name ORLANDO LODGE NO. 69 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7188525	
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, 2007		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	T	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLETT, GEORGE ALLEN		NAME	Scott Douglas Bokash	
STREET ADDRESS	835 PAUL STREET		STREET ADDRESS	5015 Glasgow Ave	
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP	Orlando FL 32819-7413	
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINGER, OLIVER HARRIS		NAME	Oliver Harris Springer	
STREET ADDRESS	768 MENDOSA STREET		STREET ADDRESS	768 Mendoza Dr	
CITY-ST-ZIP	ORLANDO, FL 32825		CITY-ST-ZIP	Orlando, FL 32825-7943	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERESI, JOHN JOSEPH		NAME	John Joseph Teresi	
STREET ADDRESS	1639 N. BUMBY AVE.		STREET ADDRESS	1639 N Bumby Ave	
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP	Orlando FL 32803-2117	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT E		NAME	John David Herzhiser	
STREET ADDRESS	P O BOX 536946		STREET ADDRESS	1404 N Bumby Ave	
CITY-ST-ZIP	ORLANDO, FL 328536946		CITY-ST-ZIP	Orlando FL 32803-2114	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSHISER, JOHN D		NAME	John David Herzhiser	
STREET ADDRESS	1401 N BUMBY AVE		STREET ADDRESS	1404 N Bumby Ave	
CITY-ST-ZIP	ORLANDO, FL 328032114		CITY-ST-ZIP	Orlando FL 32803-2114	
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: <i>Robert E. Johnson</i>			Date: 13 MAR 07 4673458732		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					