

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90203 015 ****61.25

DOCUMENT # C10160

1. Entity Name
**NEW SMYRNA LODGE NO. 149 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**

40000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-6205645

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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 STREET
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
EVANS, WILLIAM H JR
5110 BLOUNTS RIDGE RD
MIMS, FL 32754** ☒ Delete

WORSHIPFUL MASTER (D) ☐ Change ☒ Addition
**Louis Wesley Benishak
935 Bay Dr.
New Smyrna Beach FL 32168-7856**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
YOUNG, ARLINGTON B
PO BOX 923 N/A
NEW SMYRNA BEACH, FL 321700923** ☒ Delete

SENIOR WARDEN (D) ☐ Change ☒ Addition
**Joseph Gerald Lockhart Jr
215 Wildwood Dr
Edgewater FL 32132-2011**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GREATREX, WALTER W
2938 MANGO TREE DR
EDGEWATER, FL 32141** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JUNIOR WARDEN (D) ☐ Change ☒ Addition
**Mark Ernest Zimmermann
1237 Moravia Ave
Holly Hill FL 32117-2717**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
SMITH, WILLIAM E
4353 BEACON LIGHT RD
EDGEWATER, FL 32141** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD ☐ Change ☐ Addition
**CARPENTER, WALKER P JR
100 INLET SHORES DR
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD ☐ Delete
**CARPENTER, WALKER P JR
100 INLET SHORES DR
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD ☐ Change ☐ Addition
**CARPENTER, WALKER P JR
100 INLET SHORES DR
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD ☐ Delete
**CARPENTER, WALKER P JR
100 INLET SHORES DR
NEW SMYRNA BEACH, FL 32168**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD ☐ Change ☐ Addition
**CARPENTER, WALKER P JR
100 INLET SHORES DR
NEW SMYRNA BEACH, FL 32168**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-06

904-354-2339

Date

Daytime Phone #