


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-11-2006 90246 018 \*\*\*\*61.25

<b>DOCUMENT # C10173</b>	
1. Entity Name GARDEN LODGE NO. 366 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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05012006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-2023899		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 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD SOMMA, JOHN C 1000 DEL LARGO CIR, # 107 PALM BEACH GARDENS, FL 334105322 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Worshipful Master (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gold, Allan 339 Azalea Street Palm Beach Gardens, FL 33410-4804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD VAN SICKLE, JOHN DAVIS 4082 CHESTNUT AVE PALM BEACH GARDENS, FL 33410 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Warden (D) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Griffith, Jeffrey T. 4345 Fuschia Circle N. Palm Beach Gardens, FL 33410-5424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD GRIFFITH, JEFFREY T 4345 FUSCHIA CIR N PALM BEACH GARDENS, FL 334105424 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Junior Warden (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gugel, Jr., Henry C. 3031 Casa Rio Court Palm Beach Gardens, FL 33418-6508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOEBEREINER, GEORGE C 711 HUMMINGBIRD WAY, # 103 NORTH PALM BEACH, FL 334085169 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAIRE, JAMES E III 13843 154 PL N JUPITER, FL 334788560 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Salee, Adrian 378 Kelsey Park Drive Palm Beach Gardens, FL 33410-4504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

*Adrian Salee*, Adrian Salee

4/29/06

561-625-0360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #