

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90085 018 \*\*\*\*61.25

<b>DOCUMENT # C10173</b> 1. Entity Name <b>GARDEN LODGE NO. 366 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="font-size: 1.5em; font-weight: bold; margin-bottom: 10px;">40100409</div> <div style="margin-top: 10px;">           02092007    Chg-NP    CR2E037 (12/06)         </div>	
4. FEI Number <b>59-2023899</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9.. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>10. OFFICERS AND DIRECTORS</b> </div> <div style="width: 45%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> </div> </div>					
TITLE <input checked="" type="checkbox"/> WMD NAME <input checked="" type="checkbox"/> GOLD, ALLAN STREET ADDRESS <input checked="" type="checkbox"/> 339 AZALEA ST CITY-ST-ZIP <input checked="" type="checkbox"/> PALM BEACH GARDENS, FL 334104804			TITLE <input type="checkbox"/> <del>Worshipful Master</del> NAME <input type="checkbox"/> John David McCann Jr STREET ADDRESS <input type="checkbox"/> 16191 67th Ct N CITY-ST-ZIP <input type="checkbox"/> Loxahatchee FL 33470-6069		
TITLE <input checked="" type="checkbox"/> SWD NAME <input checked="" type="checkbox"/> GRIFFITH, JEFFREY T STREET ADDRESS <input checked="" type="checkbox"/> 4345 FUSCHIA CIR NORTH CITY-ST-ZIP <input checked="" type="checkbox"/> PALM BEACH GARDENS, FL 334105424			TITLE <input checked="" type="checkbox"/> <del>Worshipful Master</del> (D) NAME <input checked="" type="checkbox"/> Jeffrey Timothy Griffith STREET ADDRESS <input checked="" type="checkbox"/> 4345 Fuschia Cir N CITY-ST-ZIP <input checked="" type="checkbox"/> Palm Beach Gardens FL 33410-5424		
TITLE <input checked="" type="checkbox"/> JWD NAME <input checked="" type="checkbox"/> GUGEL, HENRY C JR STREET ADDRESS <input checked="" type="checkbox"/> 3031 CASA RIO CT CITY-ST-ZIP <input checked="" type="checkbox"/> PALM BEACH GARDENS, FL 334186508			TITLE <input type="checkbox"/> <del>Senior Warden</del> (D) NAME <input type="checkbox"/> Stanley R Smith STREET ADDRESS <input type="checkbox"/> 2510 Wellington Green Dr CITY-ST-ZIP <input type="checkbox"/> Wellington FL 33414-9322		
TITLE <input checked="" type="checkbox"/> T NAME <input checked="" type="checkbox"/> DOEBEREINER, GEORGE C STREET ADDRESS <input checked="" type="checkbox"/> 711 HUMMINGBIRD WAY, # 103 CITY-ST-ZIP <input checked="" type="checkbox"/> NORTH PALM BEACH, FL 334085169			TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>		
TITLE <input checked="" type="checkbox"/> SD NAME <input checked="" type="checkbox"/> SALEE, ADRIAN STREET ADDRESS <input checked="" type="checkbox"/> 378 KELSEY PARK DR CITY-ST-ZIP <input checked="" type="checkbox"/> PALM BEACH GARDENS, FL 334104504			TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>		
TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>			TITLE <input type="checkbox"/> NAME <input type="checkbox"/> STREET ADDRESS <input type="checkbox"/> CITY-ST-ZIP <input type="checkbox"/>		
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.					
<b>SIGNATURE:</b> <i>X Adrian M. Salee</i> <b>Adrian Salee</b> <b>4/28/07</b> <b>561-625-0360</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Day      Daytime Phone #</small>					