


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90126 034 ****61.25

DOCUMENT # C10180 1. Entity Name BRENTWOOD LODGE NO. 363 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7526575	
Zip		Country		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYANT, JAMES L		NAME	John Edward Agerton	
STREET ADDRESS	34 WHITEHEAD DR		STREET ADDRESS	4707 Nichols Creek Rd	
CITY-ST-ZIP	PENSACOLA, FL 325037037		CITY-ST-ZIP	Milton FL 32583-7151	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AGERTON, JOHN E		NAME	Alan Brian Carr	
STREET ADDRESS	4707 NICHOLS CREEK RD		STREET ADDRESS	6113 Alicia Dr	
CITY-ST-ZIP	MILTON, FL 325837151		CITY-ST-ZIP	Pensacola FL 32504-4710	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARR, BRIAN C		NAME	Timothy Lynn Tabers	
STREET ADDRESS	6113 ALICIA DR		STREET ADDRESS	7181 Heather Oaks Dr	
CITY-ST-ZIP	PENSACOLA, FL 325044710		CITY-ST-ZIP	Pensacola FL 32506-3894	
TITLE	S	<input type="checkbox"/> Delete	TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARR, ROBERT G		NAME	James Lewis Bryant	
STREET ADDRESS	4607 HAVRE WAY		STREET ADDRESS	34 Whitehead Dr	
CITY-ST-ZIP	PENSACOLA, FL 325052617		CITY-ST-ZIP	Pensacola FL 32503-7037	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	AGERTON, CLARENCE F		NAME		
STREET ADDRESS	254 ETTA ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP		
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 exemption stated in Section 119.07(3)(i), 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 G. Carr</i> ROBERT G CARR			29 MAR 05 850-438-0300		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		