


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90169 046 \*\*\*\*61.25

<b>DOCUMENT # C10180</b> 1. Entity Name <b>BRENTWOOD LODGE NO. 363 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>		
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 <b>23-7526575</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			7. Name and Address of New Registered Agent		
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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>					
<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>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>WM</b>  <b>CARR, ALAN B</b>  <b>6113 ALICIA DR</b>  <b>PENSACOLA, FL 325044710</b> </div> <div> <input checked="" type="checkbox"/> Delete         </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>SW</b>  <b>BRIDGES, GORDON B</b>  <b>7010 SCHWAB DR</b>  <b>PENSACOLA, FL 325046537</b> </div> <div> <input checked="" type="checkbox"/> Delete         </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>JW</b>  <b>YOUNG, KENNETH R</b>  <b>6114 ALICIA DR</b>  <b>PENSACOLA, FL 325044709</b> </div> <div> <input checked="" type="checkbox"/> Delete         </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>S</b>  <b>CARR, ROBERT G</b>  <b>4607 HAVRE WAY</b>  <b>PENSACOLA, FL 325052617</b> </div> <div> <input type="checkbox"/> Delete         </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>BRYANT, JAMES L</b>  <b>34 WHITEHEAD DR</b>  <b>PENSACOLA, FL 32503</b> </div> <div> <input type="checkbox"/> Delete         </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div>       </div> <div> <input type="checkbox"/> Delete         </div> </div>				
<b>11. TREASURER, MANAGER, SECRETARY, DIRECTORS IN 10</b>					
<div style="display: flex; justify-content: space-between;"> <div> <b>John Edward Agerton</b>  <b>4707 Nichols Creek Rd</b>  <b>Milton FL 32583-7151</b> </div> <div> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <b>GORDON BERNARD BRIDGES</b>  <b>7010 Schwab Dr</b>  <b>Pensacola FL 32504-6537</b> </div> <div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> <b>Kenneth Roy Young</b>  <b>6114 Alicia Dr</b>  <b>Pensacola FL 32504-4709</b> </div> <div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div>       </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div>       </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div>       </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>					
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.					
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE: <i>Robert G. Carr</i></b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <b>ROBERT G CARR</b>  <small>Date</small> </div> <div> <b>3-20-07</b>  <small>Date</small> </div> <div> <b>850-438-0303</b>  <small>Daytime Phone #</small> </div> </div>					