

2027 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-16-2007 90038 031 61.25
C10189

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20007620



02092007 Chg-NP CR2E037 (12/06)

DOCUMENT # C10189					
1. Entity Name GATEWAY LODGE NO. 384 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		
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 59-2414470	
				Applied For ☐ Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE	WM	☒ Delete	TITLE	JUNIOR WARDEN (D)	☒ Change ☒ Addition
NAME	BUCUREL, LAWRENCE		NAME	Kenneth Douglas Evans Jr	
STREET ADDRESS	3114 KITTLES ST		STREET ADDRESS	2805 Liberty Ave	
CITY-ST-ZIP	MIMS, FL 327545639		CITY-ST-ZIP	Titusville FL 32780-8702	
TITLE	SW	☒ Delete	TITLE	WORSHIPFUL MASTER (D)	☒ Change ☐ Addition
NAME	MURRAY, ROBERT B		NAME	Robert Bruce Murray	
STREET ADDRESS	890 ALFORD ST		STREET ADDRESS	890 Alford St	
CITY-ST-ZIP	TITUSVILLE, FL 327961885		CITY-ST-ZIP	Titusville FL 32796-1885	
TITLE	JW	☒ Delete	TITLE	SENIOR WARDEN (D)	☒ Change ☐ Addition
NAME	MULLINS, THOMAS K		NAME	Thomas Kelly Mullins	
STREET ADDRESS	3690 MAEBERT RD		STREET ADDRESS	3690 Maebert Rd	
CITY-ST-ZIP	MIMS, FL 327544911		CITY-ST-ZIP	Mims FL 32754-4911	☐ Change ☐ Addition
TITLE	TD	☐ Delete	TITLE	SECRETARY (D)	☐ Change ☒ Addition
NAME	WINDSOR, KENNETH E SR		NAME	Randy Lee Ziegler	
STREET ADDRESS	1271 LITTLE OAK CIR		STREET ADDRESS	4585 Dairy Rd	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	Titusville FL 32796-1869	☐ Change ☐ Addition
TITLE	SD	☒ Delete	TITLE		
NAME	NEYEN, GEORGE		NAME		
STREET ADDRESS	4855 GANDY RD		STREET ADDRESS		
CITY-ST-ZIP	MIMS, FL 32754		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		
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 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: <u>X Randy Ziegler</u> Randy Ziegler 3-5-07 269 9822					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					