

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90138 037 \*\*\*\*61.25

**DOCUMENT # C10201**

1. Entity Name  
**OMEGA LODGE NO. 380 FREE AND ACCEPTED  
MASONS OF FLORIDA**



Principal Place of Business  
**C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US**

Mailing Address  
**C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US**

**50006914**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

02062006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1961772**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**SHEPPARD, ROY CONNOR  
220 OCEAN STREET  
JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent  
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	<b>WMD HEMPHILL, CHARLES K 1508 PONDEROSA ST NW FORT WALTON BEACH, FL 32547</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Melvin Richard Odum 329 Lula Belle Ln Fort Walton Beach FL 32548-4644</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD ODUM, MELVIN R 329 LULA BELLE LN FORT WALTON BEACH, FL 32548</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR WARDEN (D) <input checked="" type="checkbox"/> Thornley Todd Wehling 142 Wright Cir Niceville FL 32578-4230 <input type="checkbox"/> Change <input type="checkbox"/> Addition</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD FRAME, STEVEN D 947 KANUHA DR FORT WALTON BEACH, FL 32547</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUNIOR WARDEN (D) <input checked="" type="checkbox"/> James N Crum 601 Mariowe Dr Fort Walton Beach FL 32547-2662 <input type="checkbox"/> Addition</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MCDANIEL, JOHN J P O BOX 485 N/A FORT WALTON BEACH, FL 32549</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER (D) <input checked="" type="checkbox"/> Edward Legare Bailey 14 Forest Grove Pl Fort Walton Beach FL 32548-6355 <input type="checkbox"/> Addition</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD WEHLING, THORNLEY T 142 WRIGHT CIR NICEVILLE, FL 32576</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 the empowered.

**SIGNATURE:** John J. McDaniel **3/9/06** **850-651-6813**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #