


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90253 015 \*\*\*\*61.25

<b>DOCUMENT # C10217</b> 1. Entity Name <b>GROVELAND LODGE NO. 190 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-7424051</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>JWD</b>  <b>MILLER, JOHN L</b>  <b>21916 KING ALFRED ST</b>  <b>LEESBURG, FL 34748</b> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete         </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>WMD</b>  <b>HYATT KUHARSKE, JEFFREY</b>  <b>2368 BAY LAKE LOOP</b>  <b>GROVELAND, FL 347368412</b> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete         </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>SWD</b>  <b>EUGENE WADDELL, OLIVER III</b>  <b>1061 SCENIC VIEW CIR</b>  <b>CLERMONT, FL 34711</b> </div> <div style="text-align: right;"> <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>MURPHY, WILLIAM J JR</b>  <b>320 E JIM PAYNE RD</b>  <b>GROVELAND, FL 34736</b> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete         </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>T</b>  <b>THOMAS BROWN, SIMON JR</b>  <b>320 E JIM PAYNE RD</b>  <b>GROVELAND, FL 347362260</b> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Delete         </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>JUNIOR WARDEN (D)</b>  <b>Bill Hayden Hayes</b>  <b>2108 Kingmill Way</b>  <b>Clermont FL 34711-6947</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>WORSHIPFUL MASTER (D)</b>  <b>Oliver Eugene Waddell III</b>  <b>1061 Scenic View Cir</b>  <b>Clermont FL 34711</b> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>SENIOR WARDEN (D)</b>  <b>John Lawrence Miller</b>  <b>21916 King Alfred St</b>  <b>Leesburg FL 34748-7976</b> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>SECRETARY (D)</b>  <b>Simon Thomas Brown Jr</b>  <b>320 E Jim Payne Rd</b>  <b>Groveland FL 34736-2260</b> </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>TREASURER (D)</b>  <b>Jeffrey Hyatt Kuharske</b>  <b>2368 Bay Lake Loop</b>  <b>Groveland FL 34736-8412</b> </div> <div style="text-align: right;"> <input checked="" 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.					
SIGNATURE: <u>S. T. Brown, Jr.</u> <span style="float: right;">3/07/06 904-354-2339</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>S. T. BROWN, JR. - SECRETARY</b>					

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