



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90168 006 \*\*\*\*61.25

<b>DOCUMENT # C10220</b> 1. Entity Name <b>TUSCAN LODGE NO. 6 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 #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>23-7526331</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <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>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>D</b> NAME <b>COKER, ABNER V JR</b> STREET ADDRESS <b>335 W VINE ST</b> CITY-ST-ZIP <b>BARTOW, FL 338305448</b>	<input checked="" type="checkbox"/> Delete		TITLE <del>SENIOR MASTER</del> NAME <b>Dorey Alan Fletcher</b> STREET ADDRESS <b>P O Box 819 N/A</b> CITY-ST-ZIP <b>Bartow FL 33831-0819</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>SWD</b> NAME <b>WARREN, JR, CLYDE KEITH</b> STREET ADDRESS <b>5540 WOODWIND HILLS DR</b> CITY-ST-ZIP <b>LAKELAND, FL 338136326</b>	<input checked="" type="checkbox"/> Delete		TITLE <del>SENIOR MASTER</del> NAME <b>Clyde Keith Warren Jr</b> STREET ADDRESS <b>5540 Woodwind Hills Dr</b> CITY-ST-ZIP <b>Lakeland FL 33813-6326</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SD</b> NAME <b>WEST, JOE KENNETH</b> STREET ADDRESS <b>915 W MCLEON ST</b> CITY-ST-ZIP <b>BARTOW, FL 338306228</b>	<input type="checkbox"/> Delete		TITLE <del>SENIOR MASTER</del> NAME <b>Tommy Eugene Thompson</b> STREET ADDRESS <b>440 Lyle Pkwy</b> CITY-ST-ZIP <b>Bartow FL 33830-9724</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>AUMANN, WILLIAM R</b> STREET ADDRESS <b>2055 S. FLORAL AVE. #301</b> CITY-ST-ZIP <b>BARTOW, FL 338307181</b>	<input checked="" type="checkbox"/> Delete		TITLE <del>SENIOR MASTER</del> NAME <b>Tommy Eugene Thompson</b> STREET ADDRESS <b>440 Lyle Pkwy</b> CITY-ST-ZIP <b>Bartow FL 33830-9724</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>TD</b> NAME <b>BROOM, ALVIN G</b> STREET ADDRESS <b>870 SQUARE LAKE DR.</b> CITY-ST-ZIP <b>BARTOW, FL 338304319</b>	<input type="checkbox"/> Delete		TITLE <del>SENIOR MASTER</del> NAME <b>Tommy Eugene Thompson</b> STREET ADDRESS <b>440 Lyle Pkwy</b> CITY-ST-ZIP <b>Bartow FL 33830-9724</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: <i>X Joe K West</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3-28-07</b> Daytime Phone # <b>863/512-0703</b>		

HM 863/533-9498