


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90253 016 \*\*\*\*61.25

<b>DOCUMENT # C10228</b> 1. Entity Name <b>ARCHER LODGE NO. 197 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</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>59-1879641</b>	
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>ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </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)					
<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>10. OFFICERS AND DIRECTORS</b>		<b>11. OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD BROWN, AUTHUR W SR 12451 NW 101ST CT ARCHER, FL 326186206</b>	<input checked="" type="checkbox"/> Delete		<b>JUNIOR WARDEN (D)</b> Hillary Cowart Jr 12713 SW 136th Ter Archer FL 32618-2364	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S BERTIE, RONALD 10850 NE 105T H ARCHER, FL 32618</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SECRETARY (D)</b> George Alfred Bass 10434 NW 35th Pl Gainesville FL 32606-5083	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD FAGERBERG, SEIGFRED W 203 NW HWY 441 MICANOPY, FL 32667</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WORSHIPFUL MASTER (D)</b> Dustin Ray Cowart 5779 SE 55th Ave Trenton FL 32693-3055	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD NAVARRO, JOSEPH R 3210 NW 41ST AVE GAINESVILLE, FL 32605</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SENIOR WARDEN (D)</b> Richard Lee Waters 13721 NW 60th Pl Gainesville FL 32653-2542	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SPRINGFELS, ROGER L 6014 NW 36TH PLACE GAINESVILLE, FL 32606</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TREASURER (D)</b> Michael Ernest Nance 4105 IONA ST TITUSVILLE FL 32796	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
<b>SIGNATURE:</b> <i>George A Bass</i>		<b>GEORGE A. BASS</b>		<b>3/14/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	