


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90253 018 ****61.25

DOCUMENT # C10233 1. Entity Name BUNNELL LODGE NO. 200 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7526455	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD LAIRD, WILLIAM E 2 PATUXENT LN PALM COAST, FL 321647543	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) Richard Talmadge Gaulding Jr 10 Cherry Ct Palm Coast FL 32137-8357
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD GAULDING, RICHARD T JR 10 CHERRY CT PALM COAST, FL 321378357	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) John Godfrey Eidman 62 Raleigh Dr Palm Coast FL 32164-6838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD AUIT, JOHN LLOYD 11 COOPER LN PALM COAST, FL 321378184	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) William John Auit 875 Derbyshire Rd #168 Daytona Beach FL 32117-3961
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOROCHINSKI, WILLIAM P 2 PRINCESS ROSE DR PALM COAST, FL 321641700	<input type="checkbox"/> Delete		NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) William Edward Laird 2 Patuxent Ln Palm Coast FL 32164-7543
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ERNUL, WILLIAM O II 28 RIVERVIEW DR PALM COAST, FL 321646462	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: <u>William P. Sorochinski</u>		Date: <u>3/7/06</u>		Daytime Phone #: <u>386 447-4953</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					