


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-04-2006 90206 029 ****61.25

DOCUMENT # C10242					
1. Entity Name BROTHERHOOD LODGE NO. 375 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		
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 51-0191362	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of Now Registered Agent	
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202				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 re-registering) DATE _____					
Filing Fee is \$81.25 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, GEORGE W JR		NAME		
STREET ADDRESS	11518 TUSCANNY AVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 346083157		CITY-ST-ZIP		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	Worshipful Master (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, GEORGE EARL		NAME	Bailey, Bruce	
STREET ADDRESS	327B WINDJAMMER DR.		STREET ADDRESS	8070 Little Tee Lane	
CITY-ST-ZIP	SPRING HILL, FL 346072648		CITY-ST-ZIP	Brooksville, FL 34613	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	Senior Warden (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, BRUCE		NAME	Wagner, Gregory	
STREET ADDRESS	8070 LITTLE TEE LANE		STREET ADDRESS	1281 Markham Avenue	
CITY-ST-ZIP	BROOKSVILLE, FL 346135544		CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTER, CHARLES D		NAME	Carman, William G.	
STREET ADDRESS	14175 BUCZAK RD		STREET ADDRESS	3114 Eagle Bend Road	
CITY-ST-ZIP	BROOKSVILLE, FL 34614		CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	Junior Warden (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGNER, GREGORY F.		NAME	Heavens, Wayne R.	
STREET ADDRESS	1281 MARKHAM AVE.		STREET ADDRESS	1160 Toellis Avenue	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>George W. Robinson Jr.</u>			Secretary, <u>George W. Robinson</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>4-21-06</u> Daytime Phone # <u>352-683-6255</u>		