

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90169 049 ****61.25

DOCUMENT # C10245 1. Entity Name LANTANA LODGE NO. 372 FREE AND ACCEPTED MASON OF FLORIDA					
Principal Place of Business C/O ROY CONNER SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			Mailing Address ROY CONNER SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7439011	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New 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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	WM	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PETENBRINK, JASON C		NAME	Robert Glen Todd Sr	
STREET ADDRESS	769 PATRICK DR		STREET ADDRESS	121 Harbor Lake Cir	
CITY-ST-ZIP	WEST PALM BEACH, FL 334064474		CITY-ST-ZIP	Greenacres FL 33413-2125	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NAVE, TIMOTHY P		NAME	Timothy Patrick Nave	
STREET ADDRESS	1610 16TH LN		STREET ADDRESS	1610 16th Ln	
CITY-ST-ZIP	GREENACRES, FL 33463		CITY-ST-ZIP	Greenacres FL 33463-4360	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANTZ, G. WESLEY		NAME	G. Wesley Mantz	
STREET ADDRESS	4504A GARDEN AVE		STREET ADDRESS	1102 S M St W	
CITY-ST-ZIP	WEST PALM BEACH, FL 334052863		CITY-ST-ZIP	Lake Worth FL 33460-5240	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, JACK A		NAME		
STREET ADDRESS	1109 W. DREW ST.		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33462		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVIN PETENBRINK, JACK		NAME		
STREET ADDRESS	769 PATRICK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 334064474		CITY-ST-ZIP		
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: JACK PETENBRINK			1/13/07 355-3023 x1156		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		