


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90304 006 \*\*\*\*61.25

|   |                         |   |   |  |  |
|---|-------------------------|---|---|--|--|
| <b>DOCUMENT # C10250</b>  |                         |   |   |                   |  |
| 1. Entity Name<br><b>BARRETT LODGE NO. 43 FREE AND ACCEPTED MASONS OF FLORIDA</b>   |                         |   |   |  |  |
| Principal Place of Business<br>C/O ROY CONNOR SHEPPARD<br>220 OCEAN ST.<br>JACKSONVILLE, FL 32202   |                         |   | Mailing Address<br>C/O ROY CONNOR SHEPPARD<br>220 OCEAN ST.<br>JACKSONVILLE, FL 32202 |  |  |
| 2. Principal Place of Business  |                         | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |                         | Suite, Apt. #, etc.   |   |  |  |
| City & State  |                         | City & State  |   |  |  |
| Zip   | Country                 | Zip   | Country   |  |  |
| 6. Name and Address of Current Registered Agent   |                         |   | 7. Name and Address of New Registered Agent   |  |  |
| SHEPPARD, ROY CONNOR<br>220 OCEAN ST<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____                                       |                         |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>   |                         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
|   |                         |   |   | <b>Make check payable to<br/>Florida Department of State</b>                                       |  |
| 10. OFFICERS AND DIRECTORS  |                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                 |  |  |
| TITLE   | WMD                     | <input checked="" type="checkbox"/> Delete  | TITLE   | WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME  | LANE, DAVID A           |   | NAME  | Winthrop Randall Henderson Sr  |  |
| STREET ADDRESS  | 16525 184TH ST          |   | STREET ADDRESS  | 16715 100th Pl   |  |
| CITY-STATE-ZIP  | LIVE OAK, FL 320606480  |   | CITY-STATE-ZIP  | Live Oak FL 32060-6299   |  |
| TITLE   | SD                      | <input checked="" type="checkbox"/> Delete  | TITLE   | SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition                                     |  |
| NAME  | WARNER, ROBERT E        |   | NAME  | Donald Earl Sivyver  |  |
| STREET ADDRESS  | 401 CORBIN AVE          |   | STREET ADDRESS  | 10577 52nd Ter   |  |
| CITY-STATE-ZIP  | LIVE OAK, FL 32060      |   | CITY-STATE-ZIP  | Live Oak FL 32060-9704 <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| TITLE   | SWD                     | <input checked="" type="checkbox"/> Delete  | TITLE   | JUNIOR WARDEN (D) <input checked="" type="checkbox"/>  |  |
| NAME  | HENDERSON, WINTHROP R   |   | NAME  | Ralph Frederick Murat  |  |
| STREET ADDRESS  | 16715 100TH PL          |   | STREET ADDRESS  | 7643 139th Dr  |  |
| CITY-STATE-ZIP  | LIVE OAK, FL 320606299  |   | CITY-STATE-ZIP  | Live Oak FL 32060-8855 <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| TITLE   | TD                      | <input type="checkbox"/> Delete   | TITLE   | SECRETARY (D) <input checked="" type="checkbox"/>  |  |
| NAME  | LE BLANC, GEORGE LESLIE |   | NAME  | David Allen Lane   |  |
| STREET ADDRESS  | 12210 233RD ROAD        |   | STREET ADDRESS  | 16525 184th St   |  |
| CITY-STATE-ZIP  | LIVE OAK, FL 32060      |   | CITY-STATE-ZIP  | Live Oak FL 32060-6480 <input type="checkbox"/> Change <input type="checkbox"/> Addition           |  |
| TITLE   | JWD                     | <input checked="" type="checkbox"/> Delete  | TITLE   |  |  |
| NAME  | SIVYER, DONALD E        |   | NAME  |  |  |
| STREET ADDRESS  | 10577 52ND TER          |   | STREET ADDRESS  |  |  |
| CITY-STATE-ZIP  | LIVE OAK, FL 320609704  |   | CITY-STATE-ZIP  |  |  |
| TITLE   |                         | <input type="checkbox"/> Delete   | TITLE   |  |  |
| NAME  |                         |   | NAME  |  |  |
| STREET ADDRESS  |                         |   | STREET ADDRESS  |  |  |
| CITY-STATE-ZIP  |                         |   | CITY-STATE-ZIP  |  |  |

40070343



02012006 Chg-NP CR2E037 (11/05)

4. FEI Number  
23-7526352

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

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: *X David A. Lane*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06

Date

386-776-2843

Daytime Phone #