## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # C10272



**FILED** 

Secretary of State

May 03, 2004 8:00 am

05-03-2004 91011 037 \*\*\*\*61.25 EUSTIS LODGE NO. 85 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address 94081165 C/O ROY CONNOR SHEPPARD C/O ROY CONNOR SHEPPARD 220 OCEAN ST 220 OCEAN ST JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03052004 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-0826159 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEPPARD, ROY CONNOR Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET JACKSONVILLE, FL 32202 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 **\$5.00** May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TD TITI F TITLE □ Delete SENIOR WARDEN NAME GLESSNER, FREDERICK W NAME Roberto Julio Garcia STREET ADDRESS 730 MCKENZIE STREET STREET ADDRESS 1700 Highway 19A N CITY-ST-ZIP LEESBURG, FL 34748 CITY-ST-ZIP Eustis FL 32726 Delete TITLE Change Addition TITLE JUNIOR WARDEN WARDINGLEY, TODD NAME NAME William Roy Knieriem 36301 STRATFORD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GRAND ISLAND, FL 32735 CITY-ST-ZIP 143 Timber Lane Eustis FL 32726-2514-☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME O'NEILL, WILLARD NOEL NAME 29234 BEAUCLAIRE DR STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAVARES, FL 32778 ☐ Change Delete TITLE Addition LABRANCHE, LEONARD A NAME NAME STREET ADDRESS STREET ADDRESS 33505 BARKSDALE DR CITY-ST-ZIP LEESBURG, FL 34788 CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE GARCIA, ROBERTO JULIO NAME NAME 1700 HIGHWAY 19A N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EUSTIS, FL 32726

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. . Labranche, Sec.

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

☐ Change

☐ Addition