

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90381 012 \*\*\*\*61.25

<b>DOCUMENT # C10272</b> 1. Entity Name <b>EUSTIS LODGE NO. 85 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0826159</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JULIO GARCIA, ROBERTO		NAME	Roberto Julio Garcia	
STREET ADDRESS	1700 HWY. 19A N		STREET ADDRESS	1700 N Highway 19A	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	Eustis- FL 32726-2668	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROY KNIERIEM, WILLIAM		NAME	Marvin Kenneth Darity Sr	
STREET ADDRESS	143 TIMBER LANE		STREET ADDRESS	2370 Highway 44 W	
CITY-ST-ZIP	EUSTIS, FL 327262514		CITY-ST-ZIP	Eustis FL 32726-6921	
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'NEILL, WILLARD NOEL		NAME	Rodney Raymond Blaw	
STREET ADDRESS	29234 BEAUCLAIRE DR		STREET ADDRESS	2350 County Rd 44 W	
CITY-ST-ZIP	TAVARES, FL 32778		CITY-ST-ZIP	Eustis FL 32726-6921	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LABRANCHE, LEONARD A		NAME	Frederick William Gleisner	
STREET ADDRESS	33505 BARKSDALE DR		STREET ADDRESS	P O Box 845155 N/A	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Leesburg FL 34789-5155	
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 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.					
SIGNATURE: <u>Leonard A. Labranche</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-11-05 352-357-7698 <small>Date Daytime Phone #</small>		