
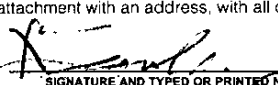


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90314 026 \*\*\*\*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			
Zip	Country	Zip	Country		
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	
				State <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD		TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JULIO GARCIA, ROBERTO		NAME	Marvin Kenneth Darity Sr	
STREET ADDRESS	1700 HWY 19A N		STREET ADDRESS	2370 Highway 44 W	
CITY-ST-ZIP	EUSTIS, FL 32726		CITY-ST-ZIP	Eustis FL 32726-6921	
TITLE	SWD		TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DARITY, MARVIN K SR		NAME	Gerald Ray Smith	
STREET ADDRESS	2370 HWY 44 W		STREET ADDRESS	395 Kristi Dr	
CITY-ST-ZIP	EUSTIS, FL 327266921		CITY-ST-ZIP	Leesburg FL 34788-2432	
TITLE	SD		TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LABRANCHE, LEONARD A		NAME	James Walter Adams	
STREET ADDRESS	33505 BARKSDALE DR		STREET ADDRESS	1610 Frances Dr	
CITY-ST-ZIP	LEESBURG, FL 34788		CITY-ST-ZIP	Apopka FL 32703-7824	
TITLE	TD		TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLESSNER, FREDERICK W		NAME	Richard Benjamin Auerbach	
STREET ADDRESS	PO BOX 895155		STREET ADDRESS	10605 Poe St	
CITY-ST-ZIP	LEESBURG, FL 347895155		CITY-ST-ZIP	Leesburg FL 34788-3106	
TITLE	JWD		TITLE		
NAME	BLOW, RODNEY R		NAME		
STREET ADDRESS	2350 COUNTY RD 44W		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS, FL 327266921		CITY-ST-ZIP		
TITLE			TITLE		
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.					
<b>SIGNATURE:</b> 			Date <b>05-13-06</b> Daytime Phone # <b>904-354-2339</b>		
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR					