

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90147 002 ****61.25

DOCUMENT # C10272

1. Entity Name
**EUSTIS LODGE NO. 85 FREE AND ACCEPTED MASONS
OF FLORIDA**



Principal Place of Business
**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202**

Mailing Address
**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202**

40066099



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-0826159

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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 STREET
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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
DARITY, SR, MARVIN K
2370 HWY 44 W
EUSTIS, FL 327266921** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~WORSHIPFUL MASTER~~ (D) ☐ Change ☒ Addition
George Gilbert Miller Jr
P O Box 2285 N/A
Umatilla FL 32784-2285**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
SMITH, GERALD R
395 KRISTI DR
LEESBURG, FL 347882432** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~JUNIOR WARDEN~~ (D) ☐ Change ☒ Addition
Steven Leslie Barber
307 S Lakeshore Blvd
Howey In The Hills FL 34737-3409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
ADAMS, JAMES W
1610 FRANCES DR
APOPKA, FL 327037824** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~SENIOR WARDEN~~ (D) ☒ Change ☐ Addition
James Walter Adams
7 Key West Dr
Leesburg FL 34788-8645**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
GLESSNER, FREDERICK W
PO BOX 895155
LEESBURG, FL 347895155** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY (D) ☐ Change ☒ Addition
Michael Edward Alexander
403 South Ave
Eustis FL 32726-5647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
AVERBACH, RICHARD B
10605 POE ST
LEESBURG, FL 347883106** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-07

352-343-1399

Michael E. Alexander