


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90249 017 \*\*\*\*61.25

<b>DOCUMENT # C10274</b> 1. Entity Name CYPRESS LODGE NO. 295 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7162887	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY C			Name		
220 OCEAN STREET			Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE, FL 32202					
			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 _____ <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</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		<b>Make check payable to</b> <b>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	FLETCHER, MICHAEL R		NAME	Johnson, Scott D.	
STREET ADDRESS	910 SAN MARCO RD		STREET ADDRESS	P O Box 10069 N/A	
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP	Naples, FL 34101-0069	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	Senior Warden (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, SCOTT D		NAME	Hull, Peter J.	
STREET ADDRESS	PO BOX 10069		STREET ADDRESS	5370 12th Avenue SW	
CITY-ST-ZIP	NAPLES, FL 34101		CITY-ST-ZIP	Naples, FL 34116-5012	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Junior Warden (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRANA, DANIEL		NAME	Kirby, Bobby J.	
STREET ADDRESS	PO BOX 1974		STREET ADDRESS	3771 15th Ave. SW	
CITY-ST-ZIP	MARCO ISLAND, FL 34146		CITY-ST-ZIP	Naples, FL 34117-5356	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Treasurer (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOWEIN, LLOYD L		NAME	Rankin, Douglas L.	
STREET ADDRESS	10021 GULF SHORE DR.		STREET ADDRESS	2335 Tamiami Trail N. #308	
CITY-ST-ZIP	NAPLES, FL 341082023		CITY-ST-ZIP	Naples, FL 34103-4458	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HULL, PETER J		NAME		
STREET ADDRESS	5370 12TH AVE SW		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP		
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 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 an officer like empowered.					
<b>SIGNATURE:</b> <i>Lloyd L. Bowein</i> <b>Lloyd L. Bowein</b> <i>secretary 4-27-06</i> <b>239</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					