


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90075 047 \*\*\*\*61.25

<b>DOCUMENT # C10274</b> 1. Entity Name <b>CYPRESS LODGE NO. 295 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-7162887</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				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 C 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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	VMD	<input checked="" type="checkbox"/> Delete	TITLE	<del>WESLEY HULL MASTER</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, SCOTT D		NAME	Peter John Hull	
STREET ADDRESS	POB 10069		STREET ADDRESS	5370 12th Ave SW	
CITY-ST-ZIP	NAPLES, FL 341010069		CITY-ST-ZIP	Naples FL 34116-5012	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	<del>SENIOR WARDEN</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HULL, PETER J		NAME	Bobby John Kirby	
STREET ADDRESS	5370 12TH AVE SW		STREET ADDRESS	8140 N Wiley Fort Way	
CITY-ST-ZIP	NAPLES, FL 341165012		CITY-ST-ZIP	Hernando FL 34442-2111	
TITLE	JW	<input checked="" type="checkbox"/> Delete	TITLE	<del>SENIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KIRBY, BOBBY J		NAME	Anthony Robert Bennett	
STREET ADDRESS	3771 15TH AVE SW		STREET ADDRESS	1802 Downing Ct	
CITY-ST-ZIP	NAPLES, FL 341175356		CITY-ST-ZIP	Naples FL 34112-3666	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HULL, PETER J		NAME	Lloyd L Bowein	
STREET ADDRESS	5370 12TH AVE SW		STREET ADDRESS	10021 Gulf Shore Dr	
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP	Naples FL 34108-2023	
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	RANKIN, DOUGLAS L		NAME		
STREET ADDRESS	2335 TAMiami TRL N		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 341034458		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> <u>Lloyd L. Bowein</u> <b>Lloyd L. Bowein</b> <u>3-14-07</u> <u>239-597-6007</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					