


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90202 031 ****61.25

DOCUMENT # C10278 1. Entity Name ROE FULKERSON LODGE NO. 299 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			Mailing Address 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 23-7193185	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHEPPARD, ROY C 220 OCEAN ST 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VINCENT FREELAND, ANTHONY		NAME	Lewis Anthony Paulakos	
STREET ADDRESS	21751 NW 2ND COURT		STREET ADDRESS	1921 Phoenix Ave	
CITY - ST - ZIP	PEMBROKWE PINES, FL 33029		CITY - ST - ZIP	Pembroke Pines FL 33024-243	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANTHONY PAULAKOS, LEWIS		NAME	Bradley Taylor Bodie	
STREET ADDRESS	1921 PHOENIX AVE.		STREET ADDRESS	16608 Sapphire Manor	
CITY - ST - ZIP	PEMBROKE PINES, FL 33026		CITY - ST - ZIP	Davie FL 33331-3144	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACOBS, KIRK E		NAME		
STREET ADDRESS	1701 SW 102ND TERRACE		STREET ADDRESS		
CITY - ST - ZIP	FORT LAUDERDALE, FL 33324		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINE, WALLACE T		NAME		
STREET ADDRESS	8611 PASADENA BLVD.		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 330243338		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENTRY, ROBERT L		NAME		
STREET ADDRESS	140 NW 217TH TERRACE		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 330291013		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	Anthony Vincent Freeland	
STREET ADDRESS			STREET ADDRESS	21751 NW 2nd Ct	
CITY - ST - ZIP			CITY - ST - ZIP	Pembroke Pines FL 33029-1013	
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.					
SIGNATURE: <i>Robert L. Gentry</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-19-06 954-868-0980 Date Daytime Phone		