

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90123 021 ****61.25

DOCUMENT # C10287

1. Entity Name
**SEMINOLE LODGE NO. 304 FREE AND ACCEPTED
MASONS OF FLORIDA**



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

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

50007114



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

59-1885254

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, 2006**

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 **WMD** ☐ Delete
NAME **EWORT, JAMES S**
STREET ADDRESS **P.O. BOX 5482**
CITY-ST-ZIP **FORT LAUDERDALE, FL 333105482**

TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
NAME **Blendi Turku**
STREET ADDRESS **195 SE 2nd St (Lower Apt)**
CITY-ST-ZIP **Dania Beach FL 33004-3602**

TITLE **SWD** ☐ Delete
NAME **CLEVENS, MICHAEL D**
STREET ADDRESS **5161 SW 19TH ST**
CITY-ST-ZIP **FORT LAUDERDALE, FL 333176006**

TITLE **SENIOR WARDEN** (D) ☒ Addition
NAME **Guy William Gallo**
STREET ADDRESS **235 NW 95th Ter**
CITY-ST-ZIP **Coral Springs FL 33071-7317**

TITLE ☒ **TD** ☐ Delete
NAME **LEE TALLMADGE, RONALD**
STREET ADDRESS **5560 SW 2ND CT**
CITY-ST-ZIP **FORT LAUDERDALE, FL 333173571**

TITLE **JUNIOR WARDEN** (D) ☒ Addition
NAME **Alvaro Renato Calderon-Sagura**
STREET ADDRESS **2306 Johnson St**
CITY-ST-ZIP **Hollywood FL 33020-3915**

TITLE **JW** ☐ Delete
NAME **TURKI, BLENDI**
STREET ADDRESS **195 SE 2ND ST (LOWER APT)**
CITY-ST-ZIP **DANIA, FL 330043602**

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

TITLE ☒ **SD** ☐ Delete
NAME **MATURSE, PAUL S**
STREET ADDRESS **1450 SW 71ST AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33317**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: *Paul S. Maturse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-06
Date

954 612 3175
Daytime Phone #