

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-29-2006 90138 026 ****61.25

DOCUMENT # C10294

1. Entity Name
**LEHIGH ACRES LODGE NO. 344 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**

50006925



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
59-1379537

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
HAMMET, JONATHAN E
619 MICHAEL AVE
LEHIGH ACRES, FL 339724245** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D) ☐ Change ☒ Addition
Ralph Dean McDonald
19 McKinley Ave
Lehigh Acres FL 33936-7649**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
EDWARD HAMMETT, JONATHAN
19 MCKINLEY AVE
LEHIGH ACRES, FL 339367649** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☒ Addition
Michael George Crouchelli
495 Bethany Village Ct
Lehigh Acres FL 33936-7623**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CAMPBELL, ROBERT L
1501 MEDFORD PL
LEHIGH ACRES, FL 339365941** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☒ Addition
William Horacio Jr
405 Candlewick Cir E
Lehigh Acres FL 33936-7743**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
CROUCHELLI, MICHAEL GEORGE
495 BETHANY VILLAGE CT
LEHIGH ACRES, FL 339367623** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SHEETS, JACK MELTON
1440 ARCHER ST
LEHIGH ACRES, FL 339725371** ☐ 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 all other like empowered.

SIGNATURE: *Ralph Dean McDonald*
Ralph Dean McDonald, Worshipful Master

3-10-06

(239) 369-1953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #