

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90039 049 \*\*\*\*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**

**20007652**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092007 Chg-NP CR2E037 (12/06)

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, 2007**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WMD  
MCDONALD, RALPH D  
19 MCKINLEY AVE  
LEHIGH ACRES, FL 339367649** ☒ Delete

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

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  
**JWD  
HORACIO, WILLIAM JR  
405 CANDLEWICK CIR EAST  
LEHIGH ACRES, FL 339367743** ☒ Delete

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  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JUNIOR WARDEN  
Cliff Allan Ayers  
616 Grant Ave  
Lehigh Acres FL 33972-5406** ☐ Change ☒ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER (D) ☐ Change ☒ Addition  
Arthur Pokorny  
315 5th Ave  
Lehigh Acres FL 33972-5127**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY (D) ☐ Change ☒ Addition  
Gerald Pokorny  
315 5th Ave  
Lehigh Acres FL 33972-5127**

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:** *Gerald Pokorny* **Gerald Pokorny**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/6/07 2393691953**  
Date Daytime Phone #