


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90253 046 \*\*\*\*61.25

<b>DOCUMENT # C10295</b> 1. Entity Name <b>PALMA CEIA LODGE NO. 290 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>		
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 <b>59-6565194</b>	
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	
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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 NAME ✓ STREET ADDRESS CITY-ST-ZIP	<b>WMD NEWCOMB, NORMAN F 3704 W HORATIO ST TAMPA, FL 336093918</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	<b>SWD LOWE, CHESTER C 1515 LOWES LANDING RD SEFFNER, FL 335843611</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	<b>JWD LUPIN, RONALD F II 2207 SEAMAN RD TAMPA, FL 336123960</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	<b>S LUPIN, RONALD P 12210 CHRISTIAN CT. TAMPA, FL 336124164</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	<b>TD WANDER, EDMUND W 2031 SARAH LOUISE DR BRANDON, FL 335102059</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <u>Ronald P. Lupien</u> Ronald P. Lupien 06 Mar 06 (813) 935-8028</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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