

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-29-2006 90123 015 \*\*\*\*61.25

**DOCUMENT # C10302**

1. Entity Name  
**COMMUNITY LODGE NO. 292 FREE AND ACCEPTED  
MASONS OF FLORIDA**



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

Mailing Address  
**ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US**

**50007120**



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  
**23-7162137**

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  
**SW  
CROWDER, JIMMIE BORGARD  
10805 LEO ST  
TAMPA, FL 336126050** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SENIOR WARDEN (D)  
Keith Allen Crews  
5105 N Lincoln Ave  
Tampa FL 33614-6640** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WM  
HERMAN, ROBERT L SR  
4503 E. 12TH AVE.  
TAMPA, FL 336054670** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
ARNOLD GLISSON, HAROLD  
1403 W BURGER STREET  
TAMPA, FL 336041109** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JWD  
CREWS, KEITH ALLEN  
5105 N LINCOLN AVE  
TAMPA, FL 336146640** ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
WHITMER, STEVEN GLEN  
816 W LOWRY LN  
TAMPA, FL 336044712** ☐ 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  
**JUNIOR WARDEN (D)  
Stuart Jay Graff  
4708 Steel Dust Lane  
Lutz FL 33559-6288** ☐ 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:

*Steven G. Whitmer* - **STEVEN G. WHITMER** 3-6-06 (813) 781-6265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #