


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90070 026 ****61.25

DOCUMENT # C10320							
1. Entity Name ENGLEWOOD LODGE NO. 360 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				
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 59-6174899			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$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. <input type="checkbox"/>		\$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	SW	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JEFFERS, GEORGE GENE		NAME	George Gene Jeffers			
STREET ADDRESS	125 WINSON AVE		STREET ADDRESS	125 Winson Ave			
CITY-ST-ZIP	ENGLEWOOD, FL 342233135		CITY-ST-ZIP	Englewood FL 34223-3135			
TITLE	JW	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARSTENS, ROBERT J		NAME	Robert J Carstens			
STREET ADDRESS	7478 DANVERS CIR		STREET ADDRESS	7478 Danvers Cir			
CITY-ST-ZIP	PORT CHARLOTTE, FL 339812612		CITY-ST-ZIP	Port Charlotte FL 33981-2612	<input type="checkbox"/> Addition		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSE, JASON JUR		NAME	Lee Richard Horne			
STREET ADDRESS	P.O. BOX 736		STREET ADDRESS	4658 Bayard St			
CITY-ST-ZIP	ENGLEWOOD, FL 342950736		CITY-ST-ZIP	North Port FL 34287-1651			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BATZ, RICHARD H		NAME				
STREET ADDRESS	7535 RATAN CIR		STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOLLAND, ROBERT STARKEY		NAME				
STREET ADDRESS	139 MARK TWAIN LN		STREET ADDRESS				
CITY-ST-ZIP	ROTONDA WEST, FL 339472142		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: _____			George G. Jeffers 3-20-06 941-475-9211				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				

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