


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90342 003 ****61.25

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|--|--|---|---|--|--|
| DOCUMENT # C10325 1. Entity Name EAST GATE LODGE NO. 355 FREE AND ACCEPTED MASONS OF FLORIDA | | | |  | |
| Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 | | | Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FFL, FL 32202 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP | WM BRYANT, MICHAEL N 1050 MARINE ST CLEARWATER, FL 337551040 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Arien Bayandrian 2681 Saxony Ct W Clearwater FL 33761-1731 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SWD BAYANDRIAN, ARSEN 2681 SAXONY CT W CLEARWATER, FL 337611731 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eduardo Guillermo Coquelet 1921 Cutty Bay Ct Oldimar FL 34677-2624 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | JWD COQUELET, EDUARDO G 1765 OVERVIEW DR NEW PORT RICHEY, FL 346554109 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James M Uillery 3253 Valemoor Dr Palm Harbor FL 34685-1714 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ROTHICHADI, FRANZ 2044 SIMEON DR PALM HARBOR, FL 346846254 <input checked="" type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William E Weber 13806 Little Rd #305 Hudson FL 34667-8025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ENGER, CHRISTOPHER G 711 SOUTH LINCOLN CLEARWATER, FL 33756 <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. | | | | | |
| SIGNATURE: Christopher Enger | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date: 4/4/06 Daytime Phone #: (727) 674-3332 | | | | | |