



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90016 010 \*\*\*\*61.25

<b>DOCUMENT # C10325</b> 1. Entity Name <b>EAST GATE LODGE NO. 355 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>23-7526568</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FFL, FL 32202</b>			<b>Lynn-Richard-Edward 220 Ocean Street Jacksonville, Florida 32202</b>		
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  <span style="float: right;">3/13/08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYANDRIAN, ARSEN		NAME	Arsen Bayandrian	
STREET ADDRESS	2681 SAXONY CT. W.		STREET ADDRESS	2681 Saxony Ct W	
CITY-ST-ZIP	CLEARWATER, FL 337611731		CITY-ST-ZIP	Clearwater FL 33761-1731	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COQUELET, EDUARDO		NAME	John Odell Dixon	
STREET ADDRESS	1921 CUTTY BAY CT.		STREET ADDRESS	P O Box 2795	
CITY-ST-ZIP	OLDSMAR, FL 34672624		CITY-ST-ZIP	Winter Haven FL 33883-2795	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ULLERY, JAMES M		NAME		
STREET ADDRESS	3253 VALEMOOR DR		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 346851714		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPE, EMANUELE D		NAME		
STREET ADDRESS	3455 COUNTRYSIDE BLVD., 18		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 337611307		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARD ENGER, CHRISTOPHER		NAME	Christopher Gerard Enger	
STREET ADDRESS	711 S. LINCOLN AVE., 81		STREET ADDRESS	711 S Lincoln Ave #81	
CITY-ST-ZIP	CLEARWATER, FL 337565925		CITY-ST-ZIP	Clearwater, FL 33756-5925	
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.					
<b>SIGNATURE:</b> 			03/19/08 (727) 674-3332		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		