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Mar 31 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # C10339 (5)

1. Corporation Name

EUREKA LODGE NO. 269 FREE AND ACCEPTED MASONS OF
FLORIDA

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

06/30/1992

4. FEI Number

23-7526499

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/98

12. OFFICERS AND DIRECTORS

TITLE D
NAME PALMER, LYLE ALFRED
STREET ADDRESS 1421 N 68TH AVE
CITY-ST-ZIP HOLLYWOOD FL

TITLE D
NAME RIZZI, DANIEL
STREET ADDRESS 5245 SW 90TH AVE
CITY-ST-ZIP COOPER CITY FL

TITLE D
NAME BALLINGER, DAVID
STREET ADDRESS 4416 SW 28TH TERR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D
NAME HARRELL, DONALD EUGENE
STREET ADDRESS 615 NW 49TH AVENUE
CITY-ST-ZIP PLANTATION FL

TITLE D
NAME DRESSEL, CHARLES JOHN
STREET ADDRESS 13311 SW 14TH PL
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TTI WORSHIPFUL MASTER (D)
1.2 NA David Ballinger
1.3 STI 4416 S W 28TH TERR
1.4 CIT Ft Lauderdale FL 33312

2.1 TTI SECRETARY (D)
2.2 NA Charles John Dressel
2.3 STI 13311 SW 14TH PL
2.4 CIT Fort Lauderdale FL 33325-5724

3.1 TTI SENIOR WARDEN (D)
3.2 NA Daniel Rizzi
3.3 STI 5245 S W 90TH AVE
3.4 CIT Cooper City FL 33328

4.1 TTI JUNIOR WARDEN (D)
4.2 NA Tommy Marshall
4.3 STI 3740 S W 45TH TERR
4.4 CIT Hollywood FL 33023

5.1 TTI TREASURER (D)
5.2 NA Donald Eugene Harrell
5.3 STI 615 NW 49TH AVENUE
5.4 CIT Plantation FL 33317-1433

6.1 TTI
6.2 NA
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

RS AND DIRECTORS IN 12

☒ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVID L. BALLINGER 2/26/98 (954) 989-9884

CR2E037 (10/97)