

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90201 048 \*\*\*\*61.25

**DOCUMENT # C10339**

1. Entity Name  
EUREKA LODGE NO. 269 FREE AND ACCEPTED  
MASONS OF FLORIDA



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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
23-7526499

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, 2004

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 JWD ☒ Delete  
NAME SARGENT, WILLIAM  
STREET ADDRESS 118 NE 2ND AVE  
CITY-ST-ZIP DANIA BEACH, FL 33004

TITLE JUNIOR WARDEN (D) ☐ Change ☒ Addition  
NAME Quiama Bouban  
STREET ADDRESS 5524 SW 89th Ave  
CITY-ST-ZIP Cooper City, FL 33328-5156

TITLE TD ☐ Delete  
NAME RIZZI, DANIEL  
STREET ADDRESS 5245 SW 90TH AVE  
CITY-ST-ZIP COOPER CITY, FL 33328

TITLE SECRETARY (D) ☐ Change ☒ Addition  
NAME Charles John Dreisel  
STREET ADDRESS 13311 SW 14th Pl  
CITY-ST-ZIP Ft Lauderdale FL 33325-5724 ☐ Addition

TITLE SD ☒ Delete  
NAME BASS, BROUGHER D  
STREET ADDRESS 5116 GARFIELD ST  
CITY-ST-ZIP HOLLYWOOD, FL 33021

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

TITLE WMD ☐ Delete  
NAME BALLINGER, DAVID  
STREET ADDRESS 485 BRIARWOOD CIR  
CITY-ST-ZIP HOLLYWOOD, FL 33024

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

TITLE SWD ☐ Delete  
NAME SULESKI, RONALD  
STREET ADDRESS NORTH 4940 SW 28TH TERR  
CITY-ST-ZIP FORT LAUDERDALE, FL 33312

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 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: *David Ballinger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 275-5480