

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90246 008 ****61.25

DOCUMENT # N00000001793



1. Entity Name
**PALM BAY LODGE NO. 397, INC., FREE AND ACCEPTED
MASONS OF FLORIDA**

Principal Place of Business
**220 OCEAN ST
% ROY SHEPPARD
JACKSONVILLE, FL 32202**

Mailing Address
**220 OCEAN ST
% ROY SHEPPARD
JACKSONVILLE, FL 32202**

00018493



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3660572

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, 2006**

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

TITLE **WM** ☒ Delete
NAME **MONK, DANNY LEW**
STREET ADDRESS **2275 MACCAO RD NE**
CITY-ST-ZIP **PALM BAY, FL 329072646**

TITLE **SW** ☒ Delete
NAME **MONK, ROY GARDNER**
STREET ADDRESS **1872 ACADEMY ST NE**
CITY-ST-ZIP **PALM BAY, FL 329055140**

TITLE **JW** ☒ Delete
NAME **MONK, ROBERT GENE**
STREET ADDRESS **4651 W EAU GALLIE BLVD**
CITY-ST-ZIP **MELBOURNE, FL 329347223**

TITLE **TD** ☐ Delete
NAME **CHADWICK, ROBERT L**
STREET ADDRESS **1785 TEAK ROAD S.E.**
CITY-ST-ZIP **MELBOURNE, FL 32909**

TITLE **SD** ☐ Delete
NAME **PITMAN, WILLIAM C**
STREET ADDRESS **2075 MICHELS DR. NE**
CITY-ST-ZIP **PALM BAY, FL 329053903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Worshipful Master (D)** ☒ Change ☐ Addition
NAME **Monk, Roy Gardner**
STREET ADDRESS **1872 Academy Street N.E.**
CITY-ST-ZIP **Palm Bay, FL 32905-5140**

TITLE **Senior Warden (D)** ☒ Change ☐ Addition
NAME **Monk, Robert Gene**
STREET ADDRESS **4561 W. Eau Gallie Blvd**
CITY-ST-ZIP **Melbourne, FL 32934**

TITLE **Junior Warden (D)** ☐ Change ☒ Addition
NAME **Towers, John Thomas**
STREET ADDRESS **1000 Larch Circle N.E. #102**
CITY-ST-ZIP **Palm Bay, FL 32905**

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

TITLE ☐ Change ☐ Addition
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 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: *William C. Pitman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-06

321 724-8755