

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90022 012 ****61.25

DOCUMENT # N01000003599

1. Entity Name
**MOUNT MORIAH LODGE NO. 400, INC., FREE AND
ACCEPTED MASONS OF FLORIDA**



Principal Place of Business
**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US**

Mailing Address
**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US**

60022765



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032006

Chg-NP

CR2E037 (11/05)

4. FEI Number
58-3674018

Applied For
Not Applicable

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 C
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **GRIFFIS, MARK D**
STREET ADDRESS **2125 SEAPORT CR #107**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE **SENIOR WARDEN** (D) Change ☒ Addition
NAME **Michael Abram Rubenstein**
STREET ADDRESS **1350 Marsh Creek Ln**
CITY-ST-ZIP **Orlando FL 32828-6137** ge ☐ Addition

TITLE **D** ☐ Delete
NAME **PLOSILA, MARK W**
STREET ADDRESS **1220 BONNIE LOU DR**
CITY-ST-ZIP **ORLANDO, FL 32809**

TITLE **JUNIOR WARDEN** (D)
NAME **Timothy Wayne McLaughlin**
STREET ADDRESS **947 Guy Rd**
CITY-ST-ZIP **Orlando FL 32828-5424** ge ☐ Addition

TITLE **D** ☒ Delete
NAME **MCLAUGHLIN, MARCELES V**
STREET ADDRESS **947 GUY RD**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **SECRETARY** (D)
NAME **Robert Norman Simmons**
STREET ADDRESS **5988 Bent Pine Dr** #177 ☐ Addition
CITY-ST-ZIP **Orlando FL 32822-3334**

TITLE **TD** ☒ Delete
NAME **WILLIAMS, LESLIE R**
STREET ADDRESS **10307 BROWNWOOD AVE**
CITY-ST-ZIP **ORLANDO, FL 32825**

TITLE **TREASURER** (D)
NAME **Andrew Steven Gluchov**
STREET ADDRESS **1134 Shaffer Trl**
CITY-ST-ZIP **Oviedo FL 32765-7019** ☐ Change ☐ Addition

TITLE **TD** ☒ Delete
NAME **KOBLER, ADAM E**
STREET ADDRESS **2125 SEAPORT CIR #107**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE ☐ Change ☐ Addition

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 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.

Robert N. Simmons

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

17 Mar 2006 9045713000