

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90085 024 ****61.25



DOCUMENT # N04000009442
 1. Entity Name
 EUREKA NORTH SHORE LODGE NO. 269, INC., FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business Mailing Address
~~101 SE STAVE~~ ~~101 SE STAVE~~
~~DANIA BEACH, FL 33004~~ ~~DANIA BEACH, FL 33004~~

2. Principal Place of Business 3. Mailing Address
 o/c Roy Connor Sheppard 220 Ocean Street N.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 220 Ocean Street N.
 City & State City & State
 Jacksonville FL Jacksonville, FL
 Zip Country Zip Country
 32202 32202



04272005 Chg-NP CR2E037 (10/03)
 4. FEI Number Applied For
 20-1726361 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 Name
 220 OCEAN STREET Street Address (P.O. Box Number is Not Acceptable)
 JACKSONVILLE, FL 32202
 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005
 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	<input checked="" type="checkbox"/> Delete	TITLE	Worshipful Master (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDAO, EDURDO		NAME	Oussama Bouban	
STREET ADDRESS	2600 NE ST AVE		STREET ADDRESS	9411 SW 49th Street	
CITY-ST-ZIP	FT. LAUDERDALE, FL 333061722		CITY-ST-ZIP	Cooper City, FL 33328-3402	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Senior Warden (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULESKI, RONALD		NAME	Daniel Prankevicius	
STREET ADDRESS	4940 SW 28TH TERRACE N		STREET ADDRESS	3041 Towerside Terrace	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312		CITY-ST-ZIP	Miami Shores, FL 33138-2259	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Junior Warden (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUBANI, OUSSAMA		NAME	Eduardo Moura Sales	
STREET ADDRESS	9411 SW 49TH STREET		STREET ADDRESS	1396 SW 47th Avenue	
CITY-ST-ZIP	COOPER CITY, FL 333283402		CITY-ST-ZIP	Deerfield Beach, FL 33442-8282	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLIVEIRA, PAULO S		NAME	Paulo Souza Oliveira	
STREET ADDRESS	20100 W COUNTRY CLUB DRIVE		STREET ADDRESS	20100 W. Country Club Drive	
CITY-ST-ZIP	AVENTURA, FL 331802520		CITY-ST-ZIP	Aventura, FL 33180-2520	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESSEL, CHARLES J		NAME		
STREET ADDRESS	20100 W COUNTRY CLUB DRIVE		STREET ADDRESS		
CITY-ST-ZIP	AVENTURA, FL 331802520		CITY-ST-ZIP		
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 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: Oussama Bouban Oussama Bouban 4/13/05 954-732-5660
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #