

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90036 046 ****61.25

DOCUMENT # N04000009442

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



Principal Place of Business
**C/O ROY CONNOR SHEPPARD
220 OCEAN STREET N.
JACKSONVILLE, FL 32202**

Mailing Address
**220 OCEAN STREET N.
JACKSONVILLE, FL 32202**

40052029



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
20-1726361

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 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, 2007**

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 **WM** ☒ Delete
NAME **SANTOS, GILBERTO**
STREET ADDRESS **11331 NW 35ST**
CITY-ST-ZIP **SUNRISE, FL 33323**

TITLE **WARDENMASTER (D)** ☐ Change ☒ Addition
NAME **Gunter Winfried Diehl**
STREET ADDRESS **4536 SW 30th Ave**
CITY-ST-ZIP **Fort Lauderdale FL 33312-5619**

TITLE **SW** ☒ Delete
NAME **PRANCKEVICIUS, DANIEL**
STREET ADDRESS **3041 TOWERSIDE TERRACE**
CITY-ST-ZIP **MIAMI, FL 331382259**

TITLE **SENIOR WARDEN (D)** ☐ Change ☒ Addition
NAME **Oussama Bouban**
STREET ADDRESS **9411 SW 49th St**
CITY-ST-ZIP **Cooper City FL 33328-3402**

TITLE **JWV** ☒ Delete
NAME **MOURA SALES, EDUARDO**
STREET ADDRESS **1396 SW 47TH AVE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **ADJUTANT GENERAL (D)** ☐ Change ☒ Addition
NAME **ODA R PICIN**
STREET ADDRESS **3315 SW 18th St.**
CITY-ST-ZIP **DEERFIELD Bch, FL 33442**

TITLE **T** ☐ Delete
NAME **BRANDAO, EDUARDO**
STREET ADDRESS **2600 NE 27TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33306**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY (D)** ☐ Change ☒ Addition
NAME **Saul Mariano Monter-Bradley**
STREET ADDRESS **P O Box 3556 N/A**
CITY-ST-ZIP **Hallandale FL 33008-3556**

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.

SIGNATURE: **X** **S. Monte-Bradley, Secretary** **3/28/07** **205-432-2470**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #