

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90190 031 \*\*\*\*61.25

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02062006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N04000011487</b> 1. Entity Name <b>BYKOTA UNITY LODGE NO. 333 INC. FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business 220 OCEAN ST N JACKSONVILLE, FL 32202				Mailing Address 220 OCEAN ST N JACKSONVILLE, FL 32202	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGRUN, DAVID <input checked="" type="checkbox"/> Delete 850 D HIV DR WEST PALM BEACH, FL 33415			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Alan Wheeler 429 Martin Ave Green Acres FL 33463-2029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, BILLY M <input checked="" type="checkbox"/> Delete 5375 SANDHURST CI N LAKE WORTH, FL 33463			TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Patrick Melvin Reardon 3740 Barkis Avenue Boynton Beach FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYNTER, PATRICK <input type="checkbox"/> Delete 5357 OLDMOBILE DR LAKE WORTH, FL 33463			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input checked="" type="checkbox"/> Addition Michael A Cribbet 5126 Saint John Ave N Boynton Beach FL 33437-1108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BECK, MICHAEL M. <input type="checkbox"/> Delete 123 LAKE SHORE BLVD. N. PALM BEACH, FL 33408			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHOOLEY, O. SAMUEL <input checked="" type="checkbox"/> Delete 1915 LAUREL LANE W. PALM BEACH, FL 33406			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CRIBBUT, MICHAEL <input checked="" type="checkbox"/> Delete 826 SAIN T JOHN AV N BOYNTON BEACH, FL 33437			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <b>Michael A. Cribbet</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>4/10/06</b> (561) 732-1235 <small>Daytime Phone #</small>					