

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90138 043 ****61.25

DOCUMENT # N94000003393

1. Entity Name
**TRAVELERS LODGE NO. 390, INC. FREE AND
ACCEPTED MASONS OF FLORIDA**



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

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

50006908



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3253580

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
CARDEN, DAVID CARROLL
835 S LAKE SHORE WAY
LAKE ALFRED, FL 33850** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D) ☒ Change ☐ Addition
James Thomas Gardner
213 Noxon St
Auburndale FL 33823-3236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
GARDNER, JAMES THOMAS
213 NOXON STREET
AUBURNDAL, FL 33823** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D) ☒ ☐ Addition
Roger William Smith
305 E Hoffman St
Lake Alfred FL 33850-2916**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
SMITH, ROGER WILLIAM
305 E. HOFFMAN STREET
LAKE ALFRED, FL 33850** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D) ☒ ☐ Addition
William Clarence Klink
P O Box 544 N/A
Lake Alfred FL 33850-0544**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
JOHNSON, LAWRENCE L
825 S LAKE SHORE WAY
LAKE ALFRED, FL 33850** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STENGL, WENCIL H
570 TEESDALE
HAINES CITY, FL 34844** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STENGL, WENCIL H
570 TEESDALE
HAINES CITY, FL 34844** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STENGL, WENCIL H
570 TEESDALE
HAINES CITY, FL 34844** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STENGL, WENCIL H
570 TEESDALE
HAINES CITY, FL 34844** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STENGL, WENCIL H
570 TEESDALE
HAINES CITY, FL 34844** ☐ Delete

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:

Lawrence L. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07 MAR 06

Date

(813) 956-3457

Daytime Phone #