

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90089 002 \*\*\*\*70.00

**DOCUMENT # N96000004726**

1. Entity Name  
**J.R.L. CONYERS LODGE #364, INC.**



Principal Place of Business  
**550 McDONALD STREET  
CRESTVIEW, FL 32536**

Mailing Address  
**550 McDONALD STREET  
CRESTVIEW, FL 32536**

00010100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3389836**

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

**DOYLE, JEFFERY C I  
19 5TH STREET  
SHALIMAR, FL 32579**

Name, **JEROME M. LEWIS JR**

Street Address (P.O. Box Number is Not Acceptable)  
**4671 MEADOW LAKE**

City **CRESTVIEW**

**FL**

Zip Code  
**32539**

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  
**D  
HARRIS, GUS J  
193 BREWER CIR  
MARY ESTHER, FL 32569**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HAYNES, MALCOLM N  
298 S. WILSON ST.  
CRESTVIEW, FL 32536**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
DARGAN, THOMAS D  
634 SUMAC CIR.  
EGLIN AFB, FL 32542**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STANLEY M. RIVERS  
325 SKYLARK DR  
CRESTVIEW, FL 32539** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
THURMAN, HOWARD  
2841 ATOKA TRAIL  
CRESTVIEW, FL 32539**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DORN C. SLAUGHTER JR  
4720 CONNER DR  
CRESTVIEW, FL 32539** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Jan 06

Date

Daytime Phone #