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Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90097 045 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N98000001024



Entity Name
**OKEECHOBEE LODGE NO. 237 FREE AND ACCEPTED
MASONS OF FLORIDA, INC.**

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**

40056140



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 23-7526489		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

02072006 Chg-NP CR2E037 (11/05)

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 _____ 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, 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	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, RICHARD E		NAME	Buchannon James Yoder	
STREET ADDRESS	19270 NW 80TH DR.		STREET ADDRESS	8613 SE 59th Dr	
CITY-ST-ZIP	OKEECHOBEE, FL 34972		CITY-ST-ZIP	Okeechobee FL 34974-1448	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YODER, BUCHANNAN J		NAME	Matthew Paul Buxton	
STREET ADDRESS	8613 SE 59TH DR		STREET ADDRESS	2054 SW 3rd St	
CITY-ST-ZIP	OKEECHOBEE, FL 34974		CITY-ST-ZIP	Okeechobee FL 34974-2278	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, WILLIAM H V		NAME	James William Reynolds	
STREET ADDRESS	1901 SW 5TH AVENUE		STREET ADDRESS	6205 S E 96TH CIR.	
CITY-ST-ZIP	OKEECHOBEE, FL 34974		CITY-ST-ZIP	Okeechobee FL 34974	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, RICHARD A		NAME		
STREET ADDRESS	903 SW 4TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE, FL 34974		CITY-ST-ZIP		
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUXTON, MATTHEW P		NAME	Jose Maria Verano	
STREET ADDRESS	2054 SW 3RD ST		STREET ADDRESS	P O Box 2054 N/A	
CITY-ST-ZIP	OKEECHOBEE, FL 34974		CITY-ST-ZIP	Okeechobee FL 34973-2054	
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 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, without other filing or posting.

Richard A. Holt, *[Signature]* 4/11/06 863 634-8085