

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90253 003 ****61.25

DOCUMENT # N98000007340

1. Entity Name
**SEBASTIAN MASONIC LODGE NO. 232, INC., FREE AND
ACCEPTED MASONS OF FLORIDA**



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

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

9000000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02072006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7526475

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY C
220 N OCEAN STREET
JACKSONVILLE, FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SWD
EATON, BRUCE BAILEY
PO BOX 1151
FELLSMERE, FL 32948** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
HIERS, ALVIN LEROY
10325 BABCOCK ST
FELLSMERE, FL 32948** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
BUCHHOLZ, GEORGE ROBERT
131 COLUMBUS ST
GRANT, FL 329460616** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KELLOUGH, JOHN H
180 CONCHA DR
SEBASTIAN, FL 32958** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
YOUNG, NORMAN G
57 S MAPLE ST
FELLSMERE, FL 329487103** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BRINKER, HARVEY W
931 EVERNIA ST
SEBASTIAN, FL 329588201** ☒ Delete

SENIOR WARDEN (D) ☒ Change ☐ Addition
**Norman Glynn Young
57 S Maple St
Fellsmere FL 32948-7103**

WORSHIPFUL MASTER (D) ☐ Change ☒ Addition
**Rev. Al Arers
111 Oleander St S
Fellsmere FL 32948-7133**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JUNIOR WARDEN (D) ☐ Change ☒ Addition
**Marty Robin Braddy
7103 North Blvd
Fort Pierce FL 34951-5205**

SECRETARY (D) ☐ Change ☒ Addition
**Michael Patrick Treglio
131 Columbus St
Sebastian FL 32958-4013**

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:

Michael P. Treglio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-12-06 772
321-3763**