

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-16-2007 90040 018 \*\*\*61.25  
N98000007340

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                     |                                                                                                     |                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N98000007340</b><br>1. Entity Name<br><b>SEBASTIAN MASONIC LODGE NO. 232, INC., FREE AND ACCEPTED MASONS OF FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                                     |                                                                                                     |                                                                                                                                                                                        |  |
| Principal Place of Business<br><b>C/O ROY CONNOR SHEPPARD<br/>220 N OCEAN STREET<br/>JACKSONVILLE, FL 32202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                     | Mailing Address<br><b>C/O ROY CONNOR SHEPPARD<br/>220 N OCEAN STREET<br/>JACKSONVILLE, FL 32202</b> |                                                                                                                                                                                        |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | 3. Mailing Address                                                                  |                                                                                                     |                                                                                                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | Suite, Apt. #, etc.                                                                 |                                                                                                     |                                                                                                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | City & State                                                                        |                                                                                                     |                                                                                                                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                   | Zip                                                                                 | Country                                                                                             | 4. FEI Number<br><b>23-7526475</b>                                                                                                                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                                                                                     |                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                 |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                     |                                                                                                     | 7. Name and Address of New Registered Agent                                                                                                                                            |  |
| <b>SHEPPARD, ROY C<br/>220 N OCEAN STREET<br/>JACKSONVILLE, FL 32202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                                                                                     |                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                                     |                                                                                                     |                                                                                                                                                                                        |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                     | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                                                 |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                     |                                                                                                     |                                                                                                                                                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                                     |                                                                                                     |                                                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SW                        | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                               | <b>ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                               |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YOUNG, NORMAN G           |                                                                                     | NAME                                                                                                | <b>SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</b>                                                                                  |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 57 S MAPLE ST             |                                                                                     | STREET ADDRESS                                                                                      | <b>James Phillip Feiffer</b>                                                                                                                                                           |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FELLSMERE, FL 329487103   |                                                                                     | CITY-ST-ZIP                                                                                         | <b>135 18th Ave<br/>Vero Beach FL 32962-2793</b>                                                                                                                                       |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | WM                        | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                               | <b>WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b>                                                                              |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AKERS, REVIS              |                                                                                     | NAME                                                                                                | <b>Marty Robin Braddy</b>                                                                                                                                                              |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 111 OLEANDER ST, S        |                                                                                     | STREET ADDRESS                                                                                      | <b>7103 North Blvd</b>                                                                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FELLSMERE, FL 329487133   |                                                                                     | CITY-ST-ZIP                                                                                         | <b>Fort Pierce FL 34951-5205</b>                                                                                                                                                       |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TD                        | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                               | <b>TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</b>                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | KELLOUGH, JOHN H          |                                                                                     | NAME                                                                                                | <b>Richard Kurt Confort</b>                                                                                                                                                            |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 180 CONCHA DR             |                                                                                     | STREET ADDRESS                                                                                      | <b>8215 97th Ct</b>                                                                                                                                                                    |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SEBASTIAN, FL 32958       |                                                                                     | CITY-ST-ZIP                                                                                         | <b>Vero Beach FL 32967-2812</b>                                                                                                                                                        |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | JW                        | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                                                               | <b>JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</b>                                                                                  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BRADDY, MARTY R           |                                                                                     | NAME                                                                                                | <b>Cedric Earl Spaulding</b>                                                                                                                                                           |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7103 N BLVD               |                                                                                     | STREET ADDRESS                                                                                      | <b>P O Box 903 N/A</b>                                                                                                                                                                 |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FORT PIERCE, FL 349515205 |                                                                                     | CITY-ST-ZIP                                                                                         | <b>Fellsmere FL 32948-0903</b>                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S                         | <input type="checkbox"/> Delete                                                     | TITLE                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                      |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TREGGIO, MICHAEL P        |                                                                                     | NAME                                                                                                |                                                                                                                                                                                        |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 131 COLUMBUS ST           |                                                                                     | STREET ADDRESS                                                                                      |                                                                                                                                                                                        |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SEBASTIAN, FL 329584013   |                                                                                     | CITY-ST-ZIP                                                                                         |                                                                                                                                                                                        |  |
| 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, with all other like empowered. |                           |                                                                                     |                                                                                                     |                                                                                                                                                                                        |  |
| <b>SIGNATURE:</b> <i>X. Michael Treggio</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                     | 3-6-07 321-3763                                                                                     |                                                                                                                                                                                        |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                                                                                     | <small>Date Daytime Phone #</small>                                                                 |                                                                                                                                                                                        |  |