

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90016 035 ****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**

40043430



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
23-7526475

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 C
220 N OCEAN STREET
JACKSONVILLE, FL 32202**

**Lynn, Richard Edward
220 Ocean Street
Jacksonville, Florida 32202**

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, 2008**

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
**SWD
PEIFFER, JAMES P
135 18TH AVE
VERO BEACH, FL 329622793** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WORSHIPFUL MASTER (D)
James Phillip Peiffer
135 18th Ave
Vero Beach FL 32962-2793** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WMD
BRADY, MARTY R
7103 NORTH BLVD
FORT PIERCE, FL 349515205** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JUNIOR WARDEN (D)
John Robert Talmadge
213 Stony Point Dr
Sebastian-FL-32958-6481** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CONFORT, RICHARD K
8215 97TH CT
VERO BEACH, FL 329672812** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SENIOR WARDEN (D)
Cedric Earl Spaulding
P O Box 903
Fellsmere FL 32948-0903** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JWD
SPAULDING, CEDRIC E
P.O. BOX 903
FELLSMERE, FL 324980903** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TREGGIO, MICHAEL P
131 COLUMBUS ST
SEBASTIAN, FL 329584013** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TREGGIO, MICHAEL P
131 COLUMBUS ST
SEBASTIAN, FL 329584013** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TREGGIO, MICHAEL P
131 COLUMBUS ST
SEBASTIAN, FL 329584013** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TREGGIO, MICHAEL P
131 COLUMBUS ST
SEBASTIAN, FL 329584013** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TREGGIO, MICHAEL P
131 COLUMBUS ST
SEBASTIAN, FL 329584013** ☐ 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: Richard Confort (Richard Confort)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.9.08 800-270-8871
Date Daytime Phone #