

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90380 021 ****61.25

DOCUMENT # N99000003642					
1. Entity Name ROBERT B. SHUGART LODGE NO. 393, INC. FREE AND ACCEPTED MASONS OF FLOR					
Principal Place of Business ROY C. SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202			Mailing Address ROY C. SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202		
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 59-3717169	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D	NAME HALL, ROBERT V		TITLE JUNIOR WARDEN	NAME David William Mayer Jr	
STREET ADDRESS 5747 PEREGRINE AVE	CITY-ST-ZIP ORLANDO, FL 328197505		STREET ADDRESS 7269 Catamaran Dr	CITY-ST-ZIP Orlando FL 32835-1859	
TITLE TD	NAME MOFFSES, PHILLIP E		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 3007 SURFSIDE WAY	CITY-ST-ZIP ORLANDO, FL 32805		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME PENVOSE, GEORGE I		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 1026 HIGHLAND POINTE DR	CITY-ST-ZIP WINTER GARDEN, FL 34787		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE SD	NAME PERCHE, JEAN-CLAUDE		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 5255 TIMBERVIEW TERRACE	CITY-ST-ZIP ORLANDO, FL 32819		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME PENVOSE, GEORGE S II		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
STREET ADDRESS 222 HAWTHORNE GROVE BLVD	CITY-ST-ZIP WINTER GARDEN, FL 347876852		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ JEAN-CLAUDE PERCHE 04/05/05 407-370-9158					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					