


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90022 024 \*\*\*\*61.25

<b>DOCUMENT # C10026</b> 1. Entity Name <b>CENTURY LODGE NO. 213 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>			Mailing Address <b>ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>		
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 <b>23-7526463</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	<b>WMD</b> <input type="checkbox"/> Delete				
NAME	<b>REARDON, CHARLES N.</b>				
STREET ADDRESS	<b>P.O. BOX 1 N/A</b>				
CITY-ST-ZIP	<b>FLOMATON, AL 36441</b>				
TITLE	<b>SD</b> <input type="checkbox"/> Delete				
NAME	<b>GRANT, GLENN GARY</b>				
STREET ADDRESS	<b>30 ELISIE DAVIS RD.</b>				
CITY-ST-ZIP	<b>CENTURY, FL 32535</b>				
TITLE	<b>SWD</b> <input checked="" type="checkbox"/> Delete				
NAME	<b>BRYAN, JR, PRETON EARL</b>				
STREET ADDRESS	<b>P.O. BOX 767 N/A</b>				
CITY-ST-ZIP	<b>CENTURY, FL 32535</b>				
TITLE	<b>JWD</b> <input checked="" type="checkbox"/> Delete				
NAME	<b>PETERSON, JR, CARL</b>				
STREET ADDRESS	<b>3120 HIGHWAY 168</b>				
CITY-ST-ZIP	<b>CENTURY, FL 32535</b>				
TITLE	<b>T</b> <input type="checkbox"/> Delete				
NAME	<b>MATHIS, TOM N</b>				
STREET ADDRESS	<b>P.O. BOX 982</b>				
CITY-ST-ZIP	<b>CENTURY, FL 325350982</b>				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<b>WORSHIPFUL MASTER (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>Carl Peterson Jr</b>					
<b>3120 Highway 168</b>					
<b>Century FL 32535-2231</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>SENIOR WARDEN (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<b>Henry Luvon Lewis</b>					
<b>P O Box 484 N/A</b>					
<b>Century FL 32535-0484</b>					
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<b>JUNIOR WARDEN (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<b>Henry Luvon Lewis Jr</b>					
<b>7361 Highway 95A N</b>					
<b>Molino FL 32577-5543</b>					
<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE: <i>Glenn G. Grant</i></b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>3-14-06</b> Daytime Phone # <b>904-354-2339</b>					