


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2005 90381 001 ****61.25

DOCUMENT # C10091

1. Entity Name
DUNNELLO LODGE NO. 136 FREE AND ACCEPTED MASONS OF FLORIDA



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

Mailing Address
**C/O ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE, FL 32202**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



03042005 Chg-NP CR2E037 (10/03)

4. FEI Number
23-7178744

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SHEPPARD, ROY, CONNOR
 220 OCEAN STREET
 JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent

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 _____
 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, 2005

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	D HEAD, LEAVENE F <input checked="" type="checkbox"/> Delete 11647 N. DORAN TERR. DUNNELLO, FL 344332630
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKEY, RANDY D <input type="checkbox"/> Delete 5950 W. DUNKLIN ST DUNNELLO, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALLX, STEED D <input type="checkbox"/> Delete 506 SE 40TH TERRACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KINSER, THOMAS D <input type="checkbox"/> Delete 7360 SW 199 TERRACE DUNNELLO, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Randy Duane Wilkey 5950 W Dunklin St Dunnellon FL 34432-5518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Steed Derwin Sallx 506 SE 40th Ter Ocala FL 34471-3138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition John Luther Willis 9880 W Rockledge Ct Crystal River FL 34428-6908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input checked="" type="checkbox"/> Addition Ralph Douglas Jones 8898 SW 194th Ct Dunnellon FL 34432-2794

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature as officer or director of the corporation or the receiver or trustee empowered to execute this report as required by law, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph D. Jones, Treasurer **Ralph Jones**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Apr. 5, 2005 **352-489-8231**
 Daytime Phone #