


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90315 033 \*\*\*\*61.25

<b>DOCUMENT # C10091</b>					
1. Entity Name DUNNELLON 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7178744	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS					
TITLE	WMD	<input checked="" type="checkbox"/> Delete	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKEY, RANDY D		Steed Derwin Salls		
STREET ADDRESS	5950 W. DUNKLIN ST		506 SE 40th Ter		
CITY-ST-ZIP	DUNNELLON, FL 34433		Ocala FL 34471-3138		
TITLE	SWD	<input type="checkbox"/> Delete	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALLX, STEED D		John Luther Willis		
STREET ADDRESS	506 SE 40TH TERRACE		9880 W Rockledge Ct		
CITY-ST-ZIP	OCALA, FL 34471		Crystal River FL 34428-6808		
TITLE	S	<input checked="" type="checkbox"/> Delete	SECRETARY (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KINSER, THOMAS D		Joseph Eugene Kurjak		
STREET ADDRESS	7360 SW 199 TERRACE		5300 SW 176th Ave		
CITY-ST-ZIP	DUNNELLON, FL 34431		Dunnellon FL 34432-2117		
TITLE	JWD	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIS, JOHN L				
STREET ADDRESS	9880 W ROCKLEDGE CT				
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428				
TITLE	T	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, RALPH D				
STREET ADDRESS	8858 SW 194TH CT				
CITY-ST-ZIP	DUNNELLON, FL 34432				
TITLE		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
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.					
SIGNATURE: <i>Steed D. Salls</i>		Steed D. Salls		3-7-2006 352-694-3762	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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