2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2005 8:00 am Secretary of State

Principal Place of Business ROY CONNOR SHEPPARD 220 OCRAN ST ROY CONNOR SHEPPARD 220 OCRAN ST ROY CONNOR SHEPPARD 220 OCRAN ST ROW ROY CONNOR SHEPPARD 220 OCRAN ST ROW ROY CONNOR SHEPPARD 220 OCRAN ST ROW ROY CONNOR Suite 2. Principal Place of Business Suite, Apt. #, etc. City & State ROW ROY CONNOR SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202 City FILE Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Filing Fee is \$61.25 Filing Fee		MENT # C10141 I LODGE NO. 164 FREE AN GOF FLORIDA	D ACCEPTED			l I	4-12-2005 90	•		
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City & State Country Country Country S. Conflication (Status Desired S8.75 Additional Peacetiment	2. Principal Place of Business		3. Mailing Address		- I HANNAY MAY HINLY BOLIN HIGH BOOKEN HIGH STORM BURN BURN BURN BURN BURN BURN BURN BURN					
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SHEPARD, ROY CONNOR 220 OCEAN STREET. JACKSONVILLE, FL 32202 City FL 210 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 Fonda. I am familiar with, and accept the obligations of registered agent. SIGNATURE TURN THING Fee Is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Added to Fees Trust Fund Contribution. 11. WORSHIPFUL MASTER (D) CTORS IN 10 Added to Fees TILL WORSHIPFUL MASTER (D) CTORS IN 10 Added to Fees STREET ADDRESS TILL WORSHIPFUL MASTER (D) CTORS IN 10 Added to Fees Added to Fees Added to Fees Added to Fees STREET ADDRESS		6. Name and Address of Current I	Registered Agent			7. Name and Add	dress of New Re	gistered A	gent	
Sireel Address (P.O. Box Number is Not Acceptable) City City FL Zip Code City City City FL Zip Code City	CHEDDAD	D. DOV CONNOD			Name			·	· -	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatur	220 OCEAN STREET			-	Street Address	(P.O. Box Number is	Not Acceptable)			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hood or previous name of registered agent and the flappicable. (NOTE Registered Agent agents or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	3AOKOÓ!	, , , , , , , , , , , , , , , , , , ,		[·					
Signature Sign			•		City	-		FL	Zip Code	9
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12. I nereoy certify that the information supplied with this liting does not quality 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: Limarak Smith Donald R. Smith

April 4 2005

904-354-2339