## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## DOCUMENT # C10156

1. Entity Name

MARION-DUNN LODGE NO. 19 FREE AND ACCEPTED
MASONS OF FLORIDA



**FILED** 

Mar 30, 2006 8:00 am Secretary of State

03-30-2006 90026 005 \*\*\*\*61.25

MASONS	OF FLORIDA								
Principal Place of Business C/O ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		Mailing Address C/O ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202							
2. Principal Place of Business		3. Mailing Address							
1846 SE 36th Avenue		1836 SE 36th Avenue				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0201	12006 Chg-	NP C	R2E037 (11/0	5)	
City & State	e	City & State		4. FE	l Number			Applied For	
Ocala, Florida		Ocala, Florida		5	59-1381586 Not Applicable				
Zip	Country	Zip	Country	<b>5</b> . Ce	ertificate of Statu	s Desired [		Additional	
34471	Marion		Marion				Féé Requ	uired	
	6. Name and Address of Current	Registered Agent	Name	7. Na	me and Addres	s of New Regis	tered Agent		
SHEPPAR	D, ROY CONNOR		Name						
220 OCEA			Street Address		(P.O. Box Number is Not Acceptable)				
JACKSONVILLE, FL 32202			<u> </u>						
			City	City Zip Code					
			, i				PL		
	named entity submits this statement for	or the purpose of changing its reg	gistered office or re	egistered ager	nt, or both, in the	State of Florida	. I am familiar w	ith, and accept	
ar	no to or registered agent.								
SIGNATURE .									
JIGNATORE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature	required when reins	stating)		DATE	<del></del>	
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	Filing Fee Is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Con		\$5.00 Added	May Be to Fees		check payabl Department o		
10.	•	Trust Fund Con		Added	to Fees		Department o	f State	
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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 emptoyered 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: **\( \Delta\)** 

Paul W./Ferguson, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/06/2006

352-694-2461 Daytime Prone #