


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90142 005 \*\*\*\*61.25

<b>DOCUMENT # C10247</b>					
1. Entity Name WILLIAM T. CARLTON LODGE NO. 46 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7526355	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Addition
NAME	CRUSE, ANTHONY S		NAME	Gregory Albert Pfannschmidt	
STREET ADDRESS	7180 SE 82ND ST		STREET ADDRESS	4209 SW County Rd 232	
CITY-ST-ZIP	TRENTON, FL 326932242		CITY-ST-ZIP	Bell FL 32619-2153	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Addition
NAME	PFANNSCHMIDT, GREGORY A		NAME	Robert L Vaughan Jr	
STREET ADDRESS	4209 SW CO. RD. 232		STREET ADDRESS	8120 SW County Rd 207	
CITY-ST-ZIP	BELL, FL 32619		CITY-ST-ZIP	Trenton FL 32693-9655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Addition
NAME	VAUGHN, ROBERT L JR.		NAME	Daniel Michael Talley	
STREET ADDRESS	8120 SW CR 307		STREET ADDRESS	6839 SW 41st St	
CITY-ST-ZIP	TRENTON, FL 326935655		CITY-ST-ZIP	Bell FL 32619-2179	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, WILLIAM H		NAME		
STREET ADDRESS	PO BOX 171		STREET ADDRESS		
CITY-ST-ZIP	BELL, FL 326190171		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIAM, JOSEPH W		NAME		
STREET ADDRESS	1760 NW 22ND CT		STREET ADDRESS		
CITY-ST-ZIP	BELL, FL 32619		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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: <i>William H. Schreiber, William H. Schreiber</i>		Date: 04-12-2005		Daytime Phone #: 352-542-9993	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					