


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90476 001 ****61.25

DOCUMENT # C10262			
1. Entity Name PALATKA LODGE NO. 34 FREE AND ACCEPTED MASONS OF FLORIDA			
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		Mailing Address 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	
Zip	Country	Zip	Country



02272004 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7193809	Applied For <input type="checkbox"/> Not Applicable
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SW WILKINSON, CHARLES E P.O. BOX 519 BOSTWICK, FL 32007 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Charles Edwin Wilkinson Po Box 519 N/A Bostwick FL 32007-0519
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD WILLIS, SAMUEL R 1309 CRILL AVENUE PALATKA, FL 321775045 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark Leslie Belar 105 CRESTWOOD PALATKA FL 32177-6507 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDWARDS, THOMAS F 105 OAK GROVE DR PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition John Edward Kabina P O BOX 843 N/A HOLLISTER FL 32147-0843 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD STROUD, DAVID 107 MAGNOLIA DR EAST PALATKA, FL 32131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRESTON, GEORGE JR 113 E FOREST PRK DR PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Thomas F. Edwards THOMAS F. EDWARDS, Sec 4/12/04 904-823-2328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #