


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

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

04-12-2005 90127 033 \*\*\*\*61.25

<b>DOCUMENT # C10262</b>					
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		03232005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 23-7193809	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, CHARLES E		NAME	Mark Leslie Belas	
STREET ADDRESS	P.O. BOX 519		STREET ADDRESS	105 Crestwood Ave	
CITY-ST-ZIP	BOSTWICK, FL 320070519		CITY-ST-ZIP	Palatka FL 32177-6507	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELOS, MARK L		NAME	John Edward Kabina	
STREET ADDRESS	105 CRESTWOOD		STREET ADDRESS	P O Box 843 N/A	
CITY-ST-ZIP	PALATKA, FL 321776507		CITY-ST-ZIP	Hollister FL 32147-0843	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SD	<input type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, THOMAS F		NAME	Michael Justin Edwards	
STREET ADDRESS	105 OAK GROVE DR		STREET ADDRESS	203 Sreet Club Rd.	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	Palatka FL 32177-2304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	KABINA, JOHN EDWARD		NAME		
STREET ADDRESS	P.O BOX 843		STREET ADDRESS		
CITY-ST-ZIP	HOLLISTER, FL 321470843		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, GEORGE JR		NAME	PRESTON, GEORGE E. JR	
STREET ADDRESS	113 E FOREST PRK DR		STREET ADDRESS	108 CHEFFEY ROAD	
CITY-ST-ZIP	PALATKA, FL 32177		CITY-ST-ZIP	PALATKA, FL 32177	
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>Thomas F. Edwards</i>		Thomas F. Edwards		3/28/05 904-209-2294	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	