


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90027 023 \*\*\*\*61.25

<b>DOCUMENT # C10262</b>					
<b>1. Entity Name</b> PALATKA LODGE NO. 34 FREE AND ACCEPTED MASONS OF FLORIDA					
<b>Principal Place of Business</b> ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			<b>Mailing Address</b> ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01172007 Chg-NP CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 23-7193809	
				Applied For Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD KABINA, JOHN EDWARD P.O. BOX 843 HOLLISTER, FL 321470843	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>WILSON WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition George Donald Walburn P O Box 824 N/A Hollister, FL 32147-0824	<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	<del>WILSON WARDEN</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Justin Edwards 203 Skeet Club Rd Palatka, FL 32177-2304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD EDWARDS, MICHAEL JUSTIN 203 SKEET CLUB ROAD PALATKA, FL 321772304	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>WILSON WARDEN</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Richard Hughes 2011 Diani Dr Palatka, FL 32177-4803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRESTON, GEORGE JR 108 CHEFFEY RD PALATKA, FL 32177	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>WILSON WARDEN</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Richard Hughes 2011 Diani Dr Palatka, FL 32177-4803	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD HUGHES, JOHN RICHARD 2011 DIANI DR PALATKA, FL 321774803	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>WILSON WARDEN</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Richard Hughes 2011 Diani Dr Palatka, FL 32177-4803	<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
<b>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 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.</b>					
<b>SIGNATURE:</b> <i>Thomas F. Edwards</i>		THOMAS F. EDWARDS		386-328-1992	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

5-4-07