


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90011 013 ****61.25

DOCUMENT # 704259	
1. Entity Name MASONIC PARK & YOUTH CAMP, INC.	

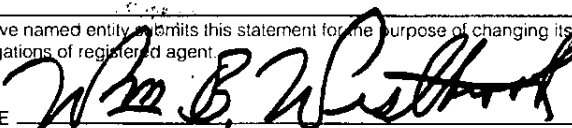
Principal Place of Business 18050 US HIGHWAY 301 WIMAUMA FL 33598	Mailing Address WM B. WESTBROOK PO BOX 907 BRANDON FL 33509
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent WESTBROOK, WMB 127 LITHIA PINECREST RD. BRANDON FL 33511		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 127 Lithia Pinecrest Rd	
		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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	D	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVIERO, RAUL H			NAME	Vernon Clark		
STREET ADDRESS	208 CLEMONS RD.			STREET ADDRESS	7015 S. Fitzgerald St		
CITY-ST-ZIP	BRANDON FL 33510			CITY-ST-ZIP	Tampa, FL 33616-1811		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARD, DAYTON R			NAME			
STREET ADDRESS	18050 US HWY 301 S.			STREET ADDRESS			
CITY-ST-ZIP	WIMAUMA FL 33598			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WESTBROOK, WILLIAM B.			NAME			
STREET ADDRESS	127 LITHIA PINECREST RD.			STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33511			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEARDSLEY, MORRIS H			NAME	Steven Whitmer		
STREET ADDRESS	1736 WINDSOR WAY			STREET ADDRESS	818 Lowry Ln.		
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP	Tampa, FL 33604		
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOWE, FRANK E			NAME			
STREET ADDRESS	PO BOX 214			STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL 33509			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STRICKLAND, GUY			NAME			
STREET ADDRESS	6627 SIMMONS LOOP			STREET ADDRESS			
CITY-ST-ZIP	RIVERVIEW FL 33569			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: 	1/25/06 819)689-1125
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