2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # C10020

1. Entity Name SAINT CLOUD LODGE NO. 221 FREE AND ACCEPTED MASONS OF FLORIDA



FILED Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90253 021 ****61.25

	The state of the s
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US
2. Principal Place of Business	3. Mailing Address

C/O ROY CON 220 OCEAN S JACKSONVILL	STREET	C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US				11881 58 91/ 67 118 1180/6711 860	BUL BURUL BURUL BURUL BURUL BU	1 3 3) 61		
2. Principal Place of Business			3. Mailing Address			- []]				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02072006 Chg-NP CR2E037 (11/05)				
City & State			City & State			4. FEI Number 23-7193		—	pplied For ot Applicable	
Zip	Country Zip			Cou	intry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
.,	6. Name	and Address of Current F	Registered A	gent			7. Name and	Address of New Reg	istered Agent	
CHEDEVO	D DOV 0	ONNOD				Name				
SHEPPÄRD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202					Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	VILLE, 1 L	32202					****			
						City			FL Zip Co.	
	named entititions of regist	y submits this statement for tered agent.	the purpose	of changing its	registere	ed office or registe	ered agent, or both	n, in the State of Floric	da. I am familiar with	, and accept
SIGNATURE .		FX157-7								
	Signature, typed	or printed name of registered agent a	and title if applicabl	e. (NOTI	E: Registere	d Agent signature require	d when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006			!	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be	Make check payable to Florida Department of State		
								1		
10.	-	OFFICERS AND DIR	RECTORS	 . , ,	11.		ADDITIONS/CH4	PNICES TO DESICERS	AND DIRECTORS I	N 10
TITLE	WMD		RECTORS	Delete	- • W	ORSHIPFL	IL MASTE	MIGES TO DEFICERS	AND DIRECTORS I	N 10
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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: