


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

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # C10024</b> 1. Entity Name <b>FORT GREEN LODGE NO. 216 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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>SHEPPARD, ROY CONNOR                  220 OCEAN STREET                  JACKSONVILLE, FL 32202</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.		4. FEI Number <b>59-1837080</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		DATE (NOTE: Registered Agent signature required when reinstating)	
Filing 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOYE, WILLIAM R 9727 ST RD 84 W ONA, FL 33865	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000490625 04/18/06-80064-009 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR KRELL, CHARLES R JR 4874 OLLIE ROBERTS RD BOWLING GREEN, FL 33834	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Handwritten Signature]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD TURNER, WENDELL ARLO P.O. BOX 3 WAUCHULA, FL 338730003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Handwritten Signature]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SW THOMAS, NATHA D 4140 BIRDIE CT SEBRING, FL 33872	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Handwritten Signature]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOYE, WILLIAM C 9727 ST RD 84 WEST ONA, FL 33865	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Handwritten Signature]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]
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.			
SIGNATURE: <i>X. Owe moye</i>		3/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		863-735-0831	
DAYTIME PHONE #		[Blank]	