

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90142 037 ****61.25



DOCUMENT # C10027

1. Entity Name
 LAKE WALES LODGE NO. 242 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
 59-2900926

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHEPPARD, ROY CONNOR
 220 OCEAN STREET
 JACKSONVILLE, FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(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.

\$5.00 May Be
 Added to Fees

Make check payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WDM BAILEY, CHARLES L JR 3055 WALK IN WATER RD LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAELSEN, GAROLD E 531 S LAKE STARR BLVD LAKE WALES, FL 338537663	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDW HALL, DAVID M 917 PRIMROSE WAY LAKE WALES, FL 33853	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRABTREE, RANCE N 4840 BENTON ST LAKE WALES, FL 338538611	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD LOWE, PAUL V 10404 HWY 27 LOT R-163 FROSTPROOF, FL 33843	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David Martin Hall 917 Primrose Way Lake Wales FL 33853-3468	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Paul V Lowe 10404 Highway 27 #R163 Frostproof FL 33843-3232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard Leonard Sylvia 2063 Bel Ombre Cir Lake Wales FL 33898-2618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John Kenneth Bush P O Box 129 N/A Lake Wales FL 33859-0129	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John K. Bush

Date

Daytime Phone #

4-2-05 867-678-6059