## 2006 NOT-FOR-PROFIT CORPORATION

## FILED Mar 27, 2006 8:00 am Secretary of State

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			ANNU	REPORT	

DOCUMENT # C10027 03-27-2006 90252 013 \*\*\*\*61.25 LAKÉ WALES LODGE NO. 242 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address ROY CONNOR SHEPPARD **ROY CONNOR SHEPPARD** 220 OCEAN ST 220 OCEAN ST JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US 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 59-2900926 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEPPARD, ROY CONNOR 220 OCEAN STREET Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32202 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS WORSHIPFUL MASTER ND DIRECTORS IN 10 WDM TITLE Delete Addition Paul V Lowe NAME HALL, DAVID MARTIN 10404 Highway 27 #8163 917 PRIMROSE WAY STREET ADDRESS Froitproof FL 33843-3232 LAKE WALES, FL 33853 CITY-ST-ZIP SWD SENIOR WARDEN TITLE Detete Change Addition LOWE, PAUL V. NAME Richard Leonard Sylvia STREET ADDRESS 10404 HIGHWAY 27 # R163 2063 Bel Ombre Cir FROSTPROOF, FL 33843 CITY-ST-7IP Lake Wales FL 33898-8518 TITLE Delete JUNIOR WARDEN ☐ Change Addition  $\{0\}$ LEONARD SYLVIA, RICHARD NAME Charles Luther Bailey Jr STREET ADDRESS 2063 BEL OMBRE CIRCLE 3055 Walk In Water Rd CITY-ST-ZIP LAKE WALES, FL 33898 Lake Wales Fi TD TITLE **X** Delete Change ■ Addition TREASURER NAME CRABTREE, RANCE N Harold E Turner STREET ADDRESS **4840 BENTON ST** 2045 Bel Ombre Cir CITY-ST-ZIP LAKE WALES, FL 338538611 Lake Wales FL 33878-8518 TITLE Delete Change ☐ Addition DEURETART 1077 -BUSH, JOHN KENNETH NAME Rance Meal Crabtree P.O. BOX 129 N/A STREET ADDRESS 4840 Benton St CITY-ST-ZIP LAKE WALES, FL 33859 Lake Wales FL 33859-8611-TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 of sustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of the corporation of the corporation of the receiver of the rece changed, or on an attachment

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP