


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90123 021 \*\*\*\*61.25

<b>DOCUMENT # C10031</b>					
1. Entity Name SAINT ANDREWS LODGE NO. 212 FREE ANDD ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1379644	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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		
			<b>FL</b>		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 _____ (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. <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	WM	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESHAZER, JEFFREY PAUL		NAME	Mitchell Howard Redd	
STREET ADDRESS	3926 PETERS DR		STREET ADDRESS	3700 W 22nd Plaza	
CITY-ST-ZIP	PANAMA CITY, FL 324051445		CITY-ST-ZIP	Panama City FL 32405-1311	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD REDD, MITCHELL		NAME	Paul Eugene Kirkpatrick	
STREET ADDRESS	3700 W 22ND PL		STREET ADDRESS	221 N MacArthur Ave	
CITY-ST-ZIP	PANAMA CITY, FL 324051311		CITY-ST-ZIP	Panama City FL 32401-3861	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKPATRICK, PAUL EUGENE		NAME	Gregory Gene Tyree	
STREET ADDRESS	221 N MACARTHUR AVE		STREET ADDRESS	8307 Cluiter Rd	
CITY-ST-ZIP	PANAMA CITY, FL 324013861		CITY-ST-ZIP	Panama City FL 32404-5063	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, VIRGIL D		NAME	Roy Ashley Hightower	
STREET ADDRESS	3541 FLORIDA AVE		STREET ADDRESS	2513 W 27th St	
CITY-ST-ZIP	PANAMA CITY, FL 324053324		CITY-ST-ZIP	Panama City FL 32405-2108	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



03182005 Chg-NP CR2E037 (10/03)  
 Applied For  
 Not Applicable

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:** Roy Ashley Hightower *Roy Hightower* 4/12/05 (850) 285-0015  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #