


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90169 020 \*\*\*\*61.25

<b>DOCUMENT # C10041</b> 1. Entity Name COTTONDALE LODGE NO. 206 FREE AND ACCEPTED MASONS OF FLORIDA	
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Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip Country	City & State  Zip Country
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40040001

01202007 Chg-NP CR2E037 (12/06)

4. FEI Number  
23-7526458

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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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, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WM MEYER, LAWRENCE R 4660 COLLINS WAY MARIANNA, FL 324485027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD SMITH, GLEN G 4375 LOBLOLLY DR MARIANNA, FL 324484556 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD LAWRENCE, KENDRICK R 2807 LAWRENCEVILLE RD COTTONDALE, FL 32431 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALSTON, BENJAMIN W 3043 POLSTON LANE COTTONDALE, FL 324317059 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLASS, COUNCIL E P.O. BOX 971 COTTONDALE, FL 32431 <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	<del>WESLEYFUL MASTER</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Council Eugene Glass P O Box 971 N/A Cottondale FL 32431-0971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SENIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chester R Pardue 5239 Johns Ln Marianna FL 32448-7313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Coy Dennis Sloan P O Box 232 N/A Cottondale FL 32431-0232
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 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: X Dennis Sloan 3/20/2007 850/260-5076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #