## **2006 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT**

## **DOCUMENT # C10045**

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

1. Entity Nam FROSTP MASONS	ROOF LO	DDGE NO. 229 FRE	E AND AC	CEPTED			-27-2006 90253 04	19 ****61.	.25	
ROY CONNOR SHEPPARD ROY 220 OCEAN ST. 220		ROY CONNO 220 OCEAN	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. IACKSONVILLE, FL 32202				EN BIEN ENPN ENF	211181 B1 1881		
2. Principal Place of Business 3. Ma			3. Mailing Add	dress						
Suite, Apt. #, etc.		Suite, Apt	Suite, Apt. #, etc.		02072006 Ch	ng-NP CR2E0	37 (11/05)			
City & State		City & Sta	City & State		4. FEI Number 59-1801087		<u> </u>	pplied For ot Applicable		
Zip		Country	Zip		Country	5. Certificate of St	atus Desired	\$8.75 Add	ditional	
6. Name and Address of Current Register			Registered Ager	nt		7. Name and Add	ress of New Registered	Agent	~~~~	
					Name					
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202					Street Addres	ss (P.O. Box Number is f	Not Acceptable)			
					1				ļ	
كاسيد					City		F	Zip Cod	ie	
	named entit tions of regist	y submits this statement for tered agent.	the purpose of o	changing its re	gistered office or regi	stered agent, or both, in	the State of Florida. I an	familiar with,	, and accept	
SIGNATURE		or printed name of registered agent a	nd title if applicable.	(NOTE: R	egistered Agent signature req	uired when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2006									
-	-			Election Campa Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be Added to Fees	Make chec Florida Depa	k payable t		
10.	-				ntribution.	Added to Fees	Florida Depa	rtment of \$	itate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD EUVERAI 4350 MAR	May 1, 2006	ECTORS		WORSHIP Hugh Mo 2501 Mc	Added to Fees  ADDITIONS/CHANG FUL MASTER PPISON MCA: Clellon Rd	Florida Department of the property of the prop	rtment of \$	itate	
TITLE NAME STREET ADDRESS	WMD EUVERAI 4350 MAH WINTER SD MCCLELI P.O. BOX	OFFICERS AND DIR RD, CARY LYLE HOGANY RUN HAVEN, FL 33884  LAND, JAMES E	ECTORS 7	Trust Fund Cor	WORSHIP HUSH MO 2501 MC : Frostpr TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANG FUL MASTER PPISON MCA CLELLON Rd OOF FL 338	Florida Department of the property of the prop	rtment of S	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WMD EUVERAI 4350 MAI WINTER SD MCCLELI P.O. BOX FROSTPI SWD	OFFICERS AND DIR RD, CARY LYLE HOGANY RUN HAVEN, FL 33884  LAND, JAMES E (835 N/A ROOF, FL 338430835	ECTORS 5	Trust Fund Cor	WORSHIP HUGH MO 2501 MC Frostpr TITLE NAME STREET ADDRESS CITY-ST-ZIP SENIOR & Edward T	Added to Fees  ADDITIONS/CHANG FUL MASTER PPISON MCA CLELLAN Rd OOF FL 338	Florida Department of the property of the prop	rtment of S IRECTORS IN Change	State N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WMD EUVERAI 4350 MAI WINTER SD MCCLELI P.O. BOX FROSTPI SWD MCAULE: 2501 MCC	OFFICERS AND DIR  OFFICERS AND DIR  RD, CARY LYLE HOGANY RUN HAVEN, FL 33884  LAND, JAMES E (835 N/A ROOF, FL 338430835  Y, II, HUGH MORRISON OLELLAN ROAD	ECTORS 5	Trust Fund Cor	WORSHIP HUGH MO 2501 MC Frostpr TITLE NAME STREET ADDRESS CITY-ST-ZIP SENIOR A Edward T	Added to Fees  ADDITIONS/CHANG FUL MASTER PPISON MCA CLELLON Rd OOF FL 338	Florida Department of the process of	IRECTORS IN Change  Change	N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WMD EUVERAI 4350 MAH WINTER SD MCCLELL P.O. BOX FROSTPI SWD MCAULE 2501 MCG FROSTPI	OFFICERS AND DIR RD, CARY LYLE HOGANY RUN HAVEN, FL 33884  LAND, JAMES E (835 N/A ROOF, FL 338430835	ECTORS 5	Trust Fund Cor Delete Delete	WORSHIP HUGH MO 2501 MC Frostpr TITLE NAME STREET ADDRESS CITY-ST-ZIP SENIOR A Edward T	Added to Fees  ADDITIONS/CHANG FUL MASTER PPISON MCA CLELLAN Rd OOF FL 338	Florida Department of the process of	TRECTORS IN Change  Change  Change	N 10 Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WMD EUVERAI 4350 MAI WINTER SD MCCLELI P.O. BOX FROSTPI SWD MCAULE 2501 MCG FROSTPI JWD LAMBER 59 W. FR	OFFICERS AND DIR  OFFICERS AND DIR  RD, CARY LYLE HOGANY RUN HAVEN, FL 33884  LAND, JAMES E (835 N/A ROOF, FL 338430835  Y, II, HUGH MORRISON OLELLAN ROAD	ECTORS 5	Trust Fund Cor	WORSHIP HU91 Mo 2501 Mc :Frostpr Tille NAME STREETADDRESS CITY-ST-ZIP Edward Frostpro Frostpro JUNIOR Michael 2100 N	Added to Fees  ADDITIONS/CHANG FUL MASTER PPISON MCA CLELLAN Rd OOF FL 3384 VARDEN ALANDEN ALAN RICE Lake Reedy	Florida Department of the property of the prop	IRECTORS IN Change  Change	N 10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WMD EUVERAI 4350 MAH WINTER SD MCCLELL P.O. BOX FROSTPI SWD WCAULE 2501 MCG FROSTPI JWD LAMBER 59 W. FR FROSTPI TD GREENW 317 N. PA	OFFICERS AND DIR  OFFICERS AND DIR  RD, CARY LYLE HOGANY RUN HAVEN, FL 33884  LAND, JAMES E (835 N/A ROOF, FL 338430835  Y, II, HUGH MORRISON OLELLAN ROAD ROOF, FL 33843  T, EDWARD THOMAS OSTPROOF BAPTIST	ECTORS 5	Trust Fund Cor Delete Delete	WORSHIP HU91 Mo 2501 Mc :Frostpr Tille NAME STREETADDRESS CITY-ST-ZIP Edward Frostpro Frostpro JUNIOR Michael 2100 N	Added to Fees  ADDITIONS/CHANG FUL MASTER PPISON MCA CLELLAN Rd OOF FL 3384  VARDEN THOMOS LOMB TOPPOOPER VARDEN ALON RICE	Florida Department of the property of the prop	TRECTORS IN Change  Change  Change	N 10 Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD EUVERAI 4350 MAH WINTER SD MCCLELL P.O. BOX FROSTPH SWD WCAULE 2501 MCC FROSTPH JWD LAMBER 59 W. FR FROSTPH TD GREENW 317 N. PA FROSTPH	OFFICERS AND DIR OFFICERS AND DIR RD, CARY LYLE HOGANY RUN HAVEN, FL 33884  LAND, JAMES E 1835 N/A ROOF, FL 338430835  Y, II, HUGH MORRISON OLELLAN ROAD T, EDWARD THOMAS OSTPROOF BAPTIST ROOF, FL 33843	ECTORS	Trust Fund Cor Delete Delete Delete Delete Delete	WORSHIP HUGH MG 2501 MC 2501 MC Frostpr TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANG FUL MASTER PPISON MCA CLELLAN Rd OOF FL 3384 VARDEN ALAN RICE LAKE REEdy OOF FL 338	Florida Department of the policy of the poli	rtment of \$ IRECTORS IN Change  Change  Change  Change	Addition  Addition  Addition  Addition	

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:

3-7-06 (\$63)635-4183 Date Daytime Phone #