


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90315 037 ****61.25

DOCUMENT # C10053	
1. Entity Name SOUTHLAND LODGE NO. 256 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
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60060100



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02072006 Chg-NP CR2E037 (11/05)

4. FEI Number 23-7010681	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	WM Delete <input type="checkbox"/>	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, PAUL R	NAME	Joe Green
STREET ADDRESS	P.O. BOX 94	STREET ADDRESS	P O Box 1947
CITY-ST-ZIP	LAKELAND, FL 338020094	CITY-ST-ZIP	Lakeland FL 33802-1947
TITLE	SWD Delete <input type="checkbox"/>	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM HARRIS, PAUL	NAME	Ronald Ramos
STREET ADDRESS	4028 S WELLINGTON DR.	STREET ADDRESS	5440 Forestbrook Dr E
CITY-ST-ZIP	LAKELAND, FL 338131074	CITY-ST-ZIP	Lakeland FL 33811-1676
TITLE	JWD Delete <input checked="" type="checkbox"/>	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, JOE	NAME	Alexius Theodore Miller
STREET ADDRESS	P.O. BOX 1947	STREET ADDRESS	209 Elmer St
CITY-ST-ZIP	LAKELAND, FL 338021947	CITY-ST-ZIP	Auburndale FL 33823-2508
TITLE	TD Delete <input checked="" type="checkbox"/>	TITLE	SD Delete <input type="checkbox"/>
NAME	WATSON, TERRY WAYNE	NAME	PARKER, THARAN RAY
STREET ADDRESS	1554 FERN RD.	STREET ADDRESS	P.O. BOX 1266 N/A
CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP	LAKELAND, FL 33802
TITLE	SD Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	PARKER, THARAN RAY	NAME	
STREET ADDRESS	P.O. BOX 1266 N/A	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33802	CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: <i>Tharan R. Parker</i>	Date: <i>3-28-06</i>	Daytime Phone #: <i>863425230</i>
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