


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90381 002 ****61.25

DOCUMENT # C10059 1. Entity Name FLORAL CITY LODGE NO. 133 FREE AND ACCEPTED MASON 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			
Zip	Country	Zip	Country	4. FEI Number 59-1710601	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	WMD THOMPSON, DAVID R 8653 O R 624 A BUSHNELL, FL 335137931		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD HUGHEY HUGHEY, JAMES P.O. BOX 416 NOBLETON, FL 346610416		<input type="checkbox"/> Delete	WORSHIPFUL-MASTER (D) James Hughey Hughey P O Box 416 Nobleton FL 34661-0416	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD ALLEN MCPHEE, CLIFFORD P.O. BOX 611 FLORAL CITY, FL 344360611		<input type="checkbox"/> Delete	SENIOR WARDEN (D) Clifford Allen McPhee P O Box 611 Floral City FL 34436-0611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, WILLIAM R 12200 SOUTH ELM POINT FLORAL CITY, FL 344364515		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD APONTE, DAVID A 6620 W. CONSTITUTION LANE HOMASASSA, FL 34484		<input checked="" type="checkbox"/> Delete	TREASURER (D) Theodore N Luz 3436 S Grove Ter Inverness FL 34450-8889	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	JUNIOR WARDEN (D) Thomas Earle Poole 9851 E Thomas Rd Floral City, FL 34436-4346	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature is of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>William R. Jackson</u> 4-11-05 352-344-4024					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					