


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90278 040 ****61.25

DOCUMENT # C10069

1. Entity Name
RED LEVEL LODGE NO. 134 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

50006126



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1662180

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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 **WMD** Delete
 NAME **WILKS, CHARLES R**
 STREET ADDRESS **23407 NW CREEL LANE**
 CITY-ST-ZIP **ALTHA, FL 324212509**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **JWD** Delete
 NAME **BRANTON, JOSEPH S**
 STREET ADDRESS **P.O. BOX 13**
 CITY-ST-ZIP **ALTHA, FL 324210013**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **EDENFIELD, RICHARD M**
 STREET ADDRESS **976 TIMERS LN**
 CITY-ST-ZIP **MARIANNA, FL 32448**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **DOLIN, PERRY G**
 STREET ADDRESS **23465 NW CREEL LN**
 CITY-ST-ZIP **ALTHA, FL 324212509**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SWD** Delete
 NAME **EVANS, JOHN N**
 STREET ADDRESS **6601 MESSER RD**
 CITY-ST-ZIP **GRAND RIDGE, FL 324424345**

TITLE Change Addition
 NAME **SENIOR WARDEN (D)**
 STREET ADDRESS **John David Godwin Jr**
22882 State Rd 71 N
Altha FL 32421-4390

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *Perry G. Dolin* **PERRY G. DOLIN**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-15-06 (850) 226-4951
 Daytime Phone #