

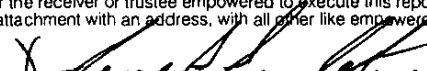


**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

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<b>DOCUMENT # C10070</b>						04-04-2007 90168 021 ****61.25	
1. Entity Name <b>A.W. WINDHORST LODGE NO. 185 FREE AND ACCEPTED MASONS OF FLORIDA</b>							
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>		Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>		10010000			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01202007 Chg-NP CR2E037 (12/06)			
City & State		City & State		4. FEI Number <b>59-0975339</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202</b>				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 _____							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	<input checked="" type="checkbox"/> Delete		TITLE	<del>SENIOR WARDEN</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARTHA, WILLIAM E			NAME	Ricardo E Gonzalez		
STREET ADDRESS	8108 N 12TH ST			STREET ADDRESS	2705 Wilton Rd		
CITY-ST-ZIP	TAMPA, FL 336043224			CITY-ST-ZIP	Land O Lakes FL 34638-4359		
TITLE	SWD	<input checked="" type="checkbox"/> Delete		TITLE	<del>WORSHIPFUL MASTER</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LANKFORD, JEFFERSON F			NAME	Jefferson Frederic Lankford		
STREET ADDRESS	4221 W SPRUCE ST 1208			STREET ADDRESS	1617 Alhambra Crest Dr.		
CITY-ST-ZIP	TAMPA, FL 336074198			CITY-ST-ZIP	Ruskin, FL 33570		
TITLE	JWD	<input checked="" type="checkbox"/> Delete		TITLE	<del>JUNIOR WARDEN</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ECHEZABAL, HENRY A JR			NAME	Henry Angel Echezabal Jr		
STREET ADDRESS	1217 LA BRAD LN			STREET ADDRESS	1217 La Brad Ln		
CITY-ST-ZIP	TAMPA, FL 336132022			CITY-ST-ZIP	Tampa FL 33613-2022		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LORENZO, LEONARD W			NAME			
STREET ADDRESS	6000 RIVER TERRACE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33604			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	Singletary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGELTARY, JERRY S			NAME			
STREET ADDRESS	907 LANWOOD DR			STREET ADDRESS			
CITY-ST-ZIP	SEFFNER, FL 335845737			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNOX, TIMOTHY L			NAME			
STREET ADDRESS	6205 N ROME AVE			STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 336046311			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: 				JERRY SINGLETARY 3-19-07 813 685-1973			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			