


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90315 035 \*\*\*\*61.25

<b>DOCUMENT # C10071</b> 1. Entity Name <b>ANCHOR LODGE NO. 182 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>		
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 <b>23-7193179</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>WMD</b> <input checked="" type="checkbox"/> Delete  <b>ANSELL, CHARLES W II</b>  <b>2809 FLAGLER AVE</b>  <b>KEY WEST, FL 33040</b> </div> <div style="width: 50%;"> <b>WORSHIPFUL MASTER (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>John M Curry</b>  <b>1300 15th St</b> #24  <b>Key West FL 33040-4104</b> </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>TD</b> <input type="checkbox"/> Delete  <b>WEITZEL, CHARLES</b>  <b>150 SEALANE TAMARAC PK</b>  <b>KEY WEST, FL 33040</b> </div> <div style="width: 50%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition    </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>SD</b> <input checked="" type="checkbox"/> Delete  <b>MARIBONA, MICHAEL</b>  <b>PO BOX 2370 N/A</b>  <b>KEY WEST, FL 33040</b> </div> <div style="width: 50%;"> <b>SECRETARY (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>Charles Walter Waite</b>  <b>929 A Truman Ave</b>  <b>Key West FL 33040</b> </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>SWD</b> <input checked="" type="checkbox"/> Delete  <b>CURRY, JOHN M</b>  <b>1300 15TH CT</b>  <b>KEY WEST, FL 33040</b> </div> <div style="width: 50%;"> <b>SENIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>Rajindhar Michael Ram Singh</b>  <b>133 SW East Danville Cir</b>  <b>Port Saint Lucie FL 34953-5</b> </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>JWD</b> <input checked="" type="checkbox"/> Delete  <b>RANSINGH, R. MICHAEL</b>  <b>133 SW EAST DANVILLE CIR</b>  <b>PORT SAINT LUCIE, FL 34953</b> </div> <div style="width: 50%;"> <b>JUNIOR WARDEN (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>Gregory Scott Eppy</b>  <b>8 Azalea Dr</b>  <b>Key West FL 33040</b> </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Delete    </div> <div style="width: 50%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition    </div> </div>				
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.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>Charles W. Waite</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 20%; text-align: center;"> <b>Charles W. Waite</b>  <small>DATE</small> </div> <div style="width: 40%; text-align: right;"> <b>3/27/2006</b>  <small>Date</small> </div> </div> <div style="display: flex; justify-content: flex-end; margin-top: 5px;"> <b>305-296-8855</b>  <small>Daytime Phone #</small> </div>					

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