2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # C10074

SUTHERLAND LODGE NO. 174 FREE AND ACCEPTED MASONS OF FLORIDA



FILED Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90188 046 ****61.25

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C/O ROY CON	e of Business NNOR SHEPPARD ST LE, F1 32202 LE, F1 Orlda Avenue	Mailing Address C/O ROY CONNOR SHE 220 OCEAN ST JACKSONVILLE, FL 322		4000c		£16% 6%6% 8%8% 8%8		
2. Principal P	Place of Business	3. Mailing Address						
Suite, Apt. #, etc. Palm Harbor; Florida		Suite, Apt. #, etc.		03032006 CI	ng-NP CR2E	037 (11/05)		
City & Stat	19	City & State		4. FEI Number 23-752644	4		plied For ot Applicable	
Zip Country 34682-0128 Pinellas		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New Registere	d Agent		
CHEDDAD	PD BOY CONNOB		Name				·	
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			Street Address (P.O. Box Number is Not Acceptable)					
di.			City			■ Zip Cod	0	
<u> </u>					F	L		
the obligate	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent a		registered office or registe		the State of Florida. I an		and accept	
Filing Fee is \$61.25 Due by May 1, 2006								
ne.		9. Election Car	mpaign Financing Contribution.	\$5.00 May Be Added to Fees		ck payable to artment of St		
10.	Due by May 1, 2006	· Trust Fund C	Contribution.	Added to Fees	Florida Dep	artment of St	tate	
10.		Trust Fund C	Contribution.	Added to Fees		artment of SI	tate	
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12. Thereby certify that the information supplied with this filling 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:

**The Company of the information supplied with this filling 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, 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, I turned to that the information indicated on this report or supplemental report is the information indicated on this report or supplemental report is the information indicated on this report or supplemental report is the information indicated on this report or supplemental report is the information indicated on this report or supplemental report is the information indicated on the information indicated on

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