


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # C10074</b><br>1. Entity Name<br><b>SUTHERLAND LODGE NO. 174 FREE AND ACCEPTED<br/>MASONS OF FLORIDA</b>   |   |  |   |    |  |
| Principal Place of Business<br><b>C/O ROY CONNOR SHEPPARD<br/>220 OCEAN ST<br/>JACKSONVILLE, FL 32202<br/>1123 Florida Avenue</b>   |   |  | Mailing Address<br><b>C/O ROY CONNOR SHEPPARD<br/>220 OCEAN ST<br/>JACKSONVILLE, FL 32202</b>                               |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>Palm Harbor, Florida</b>  |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>  |   | 03032006 Chg-NP CR2E037 (11/05)   |  |
| City & State<br>  |   | City & State<br>   |   | 4. FEI Number<br><b>23-7526444</b>  |  |
| Zip<br><b>34682-0128</b>  |   | Country<br><b>Pinellas</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>SHEPPARD, ROY CONNOR<br/>220 OCEAN ST<br/>JACKSONVILLE, FL 32202</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>   |   | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME <input checked="" type="checkbox"/><br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>T</b><br><b>WOOD, JARVIS O</b> <input type="checkbox"/> Delete<br><b>3243 MACGREGOR DR</b><br><b>PALM HARBOR, FL 346842347</b>                     |  | TITLE<br>NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS<br>CITY-ST-ZIP            | <b>WORSHIPFUL MASTER (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Louis I Thomas</b><br><b>8201 Diagonal Rd N</b><br><b>Saint Petersburg FL 33702-3648</b>        |  |
| TITLE<br>NAME <input checked="" type="checkbox"/><br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>WMD</b> <input checked="" type="checkbox"/> Delete<br><b>ALAN BOSTROM, JACK</b><br><b>1106 PELICAN PLACE</b><br><b>SAFETY HARBOR, FL 346955021</b> |  | TITLE<br>NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECRETARY (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Kenneth Ronald James II</b><br><b>1037 New York Ave</b><br><b>Palm Harbor FL 34683-3542</b>             |  |
| TITLE<br>NAME <input checked="" type="checkbox"/><br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SD</b> <input checked="" type="checkbox"/> Delete<br><b>LEE BRYCE, TIMOTHY</b><br><b>3181 HARVEST MOON DR</b><br><b>PALM HARBOR, FL 34683125</b>   |  | TITLE<br>NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SENIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Kenneth Allen Warner</b><br><b>220 Whisper Lake Rd</b><br><b>Palm Harbor FL 34683-5546</b>          |  |
| TITLE<br>NAME <input checked="" type="checkbox"/><br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SWD</b> <input checked="" type="checkbox"/> Delete<br><b>THOMAS, LOUIS</b><br><b>8201 DIAGONAL RD N</b><br><b>BURNS, TN 37029</b>                  |  | TITLE<br>NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>JUNIOR WARDEN (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>Richard Connylle Brooks</b><br><b>2825 Countrybrook Dr #K13</b><br><b>Palm Harbor FL 34684-4805</b> |  |
| TITLE<br>NAME <input type="checkbox"/><br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>JWD</b> <input checked="" type="checkbox"/> Delete<br><b>WARNER, KENNETH A</b><br><b>220 WHISPER LAKE RD</b><br><b>PALM HARBOR, FL 34683</b>       |  | TITLE<br>NAME <input type="checkbox"/><br>STREET ADDRESS<br>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. |   |  |   |   |  |
| <b>SIGNATURE:</b> <i>Kenneth R James II</i> <b>KENNETH R JAMES II SEC</b> <b>3-21-06</b> <b>7274202935</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |   |   |  |