2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10083

1. Entity Name



FILED Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90253 008 ****61.25

OF FLOR	IGE NO. 166 FREE AND AI IDA	CCEPTED MASONS					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		JUD94			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022006 C	hg-NP	CR2E037 (11/05)	
City & State		City & State		4. FEI Number 23-752643	38	——————————————————————————————————————	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Add	iress of New Re	gistered Agent	
			Name		<u> </u>		
	D, ROY CONNOR		Street Ade	dress (P.O. Box Number is	Not Accountable		
JACKSON	N ST VILLE, FL 32202		Siledi Add	G1655 (F.O. DOX 14GHDEF IS	TYON ACCEPTABLE)		
			City			Zip Cod	ė
			J.,			FL Zip Code	=
	named entity submits this statement for	or the purpose of changing its re	egistered office or re	registered agent, or both, in	the State of Flor	ida. I am familiar with,	and accept
the obligat	ions of registered agent.						
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable (NOTE I	Registered Agent signature	e required when reinstating)		DATE	
SIGNATURE .		ı and title if applicable (NOTE I			Ма	DATE	
	Signature, typed or printed name of registered agen Filling Fee is \$61.25 Due by May 1, 2006		paign Financing	\$5.00 May Be			
	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Florid	nke check payable to	tate
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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.