

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90293 029 \*\*\*\*61.25

<b>DOCUMENT # C10084</b>	
1. Entity Name RAIFORD LODGE NO. 82 FREE AND ACCEPTED MASONS OF FLORIDA	

Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03112005 Chg-NP CR2E037 (10/03)

4. FEI Number 23-7526380	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202		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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD JOHNSON, ERIC JR RT 2 BOX 397 MACCLENNEY, FL 32063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Royce Brian Marlow RR 1 Box 148A Raiford FL 32083-9010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD MARLOW, ROYCE B RT 1 BOX 148A RAIFORD, FL 320839010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tommie Edward Frith P O Box 53 N/A Lake Butler FL 32054-0053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD FRITH, TOMMIE P O BOX 53 LAKE BUTLER, FL 32054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nathan William Thornton P O Box 365 N/A Raiford FL 32083-0365
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFFIS, ALVIN ALTON RR 1 BOX 500 LAKE BUTLER, FL 320549724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSIER, JAMES DONALD RT 1 BOX 599 LAWTEY, FL 320589603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>James D. Rosier</u>	Date: <u>4-18-05</u>	Daytime Phone #: <u>904 354-3838</u>
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