2006 NOT-FOR-PROFIT CORPORATION

B. 15 mar

ANNUAL REPORT

DOCUMENT # C10110

1. Entity Name



OF FLOR	JDGE NO. 140 FREE AND / IDA	ACCEPTED MASON	is V					
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			8/8/ (1881 1/8) 88/ 8/8/ 8/8/	5000612	8 	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022006 _{Ch}	g-NP CR2i	E037 (11/05)		
City & State	9	City & State		4. FEI Number 23-713445	2	Applied Not App		
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired 🔲	\$8.75 Additional Fee Required	al	
	6. Name and Address of Current F	Registered Agent		7. Name and Adda	ess of New Register	ed Agent		
			Name					
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			Street Addres		s (P.O. Box Number is Not Acceptable)			
ı.			City		<u>-</u> _	Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or registe	ered agent, or both, in	the State of Florida. I	am familiar with, and	accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE	E: Registered Agent signature require	ed when reinstating)	DA:	TE	_	
SIGNATURE .	Signature, typed or printed name of registered agent a		npaign Financing	sd when reinstating) \$5.00 May Be Added to Fees	Make ch	neck payable to	_	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Can Trust Fund C	npaign Financing	\$5.00 May Be Added to Fees	Make ch Florida De	eck payable to partment of State		
10.	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Can Trust Fund C ECTORS	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make ch	peck payable to partment of State	Addition	
10.	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE L MASTER	Make ch Florida De ES TO OFFICERS AND	partment of State	Addition	
10. TITLE NAME	Signature, typed or printed name of registereo agent a Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR WMD ELLIOTT, ROGER H	9. Election Can Trust Fund C ECTORS	npaign Financing Contribution. UNDESHIPFU Gunter W:	\$5.00 May Be Added to Fees ADDITIONS/CHANGI L HASTER Diffied Die	Make ch Florida De ES TO OFFICERS AND	peck payable to partment of State	Addition	
10.	Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR WMD ELLIOTT, ROGER H 24 NE 24TH ST	9. Election Can Trust Fund C	npaign Financing Contribution. 11. WORSHIPFU Gunter W: 4536 SW 3	\$5.00 May Be Added to Fees ADDITIONS/CHANGE L MASTER Tiffied Die	Make ch Florida De ES TO OFFICERS AND (D)	partment of State D DIRECTORS IN 10 Change	Addition	
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR WMD ELLIOTT, ROGER H 24 NE 24TH ST FORT LAUDERDALE, FL 33305	9. Election Can Trust Fund C ECTORS	npaign Financing Contribution. WORSHIPFU GUNTER W: 4536 SW 3 Fort Loud	\$5.00 May Be Added to Fees ADDITIONS/CHANGI L HASTER Diffied Die	Make ch Florida De ES TO OFFICERS AND (D)	DIRECTORS IN 10		
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR WMD ELLIOTT, ROGER H 24 NE 24TH ST FORT LAUDERDALE, FL 33305	9. Election Can Trust Fund C ECTORS	npaign Financing Contribution. 11. WORSHIPFU GUNTER W: 4536 SW 3 Fort Laud	\$5.00 May Be Added to Fees ADDITIONS/CHANGE L MASTER Tiffied Die	Make ch Florida De ES TO OFFICERS AND (D)	DIRECTORS IN 10		
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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.

SIGNATURE:

(954)969-1323 06

FILED

Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90278 038 ****61.25