


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90203 020 \*\*\*\*61.25

<b>DOCUMENT # C10111</b> 1. Entity Name <b>CORINTH LODGE NO. 93 FREE AND ACCEPTED MASONS OFFLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WELLS, JAMES A 470 SE GATOR LN LAKE CITY, FL 32025</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>James Arthur Wells Jr</b> <b>138 SW Briarwood Gln</b> <b>Lake City FL 32024-4928</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WELLS, JAMES ARTHUR SR. RT 12 BOX 590-X LAKE CITY, FL 32025</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>Steve Turner Davison</b> <b>258 SW Miller Ter</b> <b>Lake City FL 32025-7079</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FICKEN, MARK A JR 166 SE JEREMY PL LAKE CITY, FL 32025</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>Robert Lee Ball</b> <b>4543 Lowe Lake Rd</b> <b>Wellborn FL 32094-2275</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DAVISON, WILBUR T 423 S 3RD STREET LAKE CITY, FL 320557011</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>James Arthur Wells Sr</b> <b>135 SE Quiter Way</b> <b>Lake City FL 32025-1753</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAMS, GLENN G 366 NW HILTON AVE LAKE CITY, FL 32055</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>Wilbur Turner Davison</b> <b>312 SW Meana St</b> <b>Lake City FL 32025-7075</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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>James A. Wells</i>		Date <b>3-18-2006</b> (316) 758-1095			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					