

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90278 043 ****61.25

DOCUMENT # C10112					
1. Entity Name PERRY LODGE NO. 123 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7161310	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNTER, SAMMY R 102 MILLER DR PERRY, FL 323485906		SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Clyde Merritt 805 Southwood Dr Perry FL 32348-5825		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD CARTER, LAMAR 495 PITTMAN CARTER ROAD PERRY, FL 323471239		SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John William Gunter 2754 US Highway 27 E Perry FL 32347-9514		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD GUNTER, JOHN W 2754 U.S. 27 EAST PERRY, FL 323479514		WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition James Ambers Durden 172 McNeerie Rd Perry FL 32347-6459		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, CARL RAYMOND SR. 122 JIMMY ARCHER RD PERRY, FL 32347		JUNIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition John Thomas Brady 6384 Woodi Creek Rd Perry FL 32347-7067		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD FRAISER, RONDOL L 5674 BEACH ROAD PERRY, FL 323487935		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Clyde Merritt</u> <u>Clyde Merritt</u> <u>3-6-06</u> <u>860-534-4230</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

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