

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90253 034 \*\*\*\*61.25

<b>DOCUMENT # C10115</b>					
<b>1. Entity Name</b> OLIN S. WRIGHT LODGE NO. 79 FREE AND ACCEPTED MASONS OF FLORIDA					
<b>Principal Place of Business</b> C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSSONVILLE, FL 32202			<b>Mailing Address</b> C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSSONVILLE, FL 32202		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		02012006    Chg-NP    CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. FEI Number</b> 23-7526377	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	JWD POWELL, WILSON R II 2916 BARRETT AVE PLANT CITY, FL 335669566 <input checked="" type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Philip Pledger Bethea 1801 Preservation Dr Plant City FL 33566-0943
<input checked="" type="checkbox"/>	SD MAY, ROBERT A P O BOX 1539 N/A PLANT CITY, FL 335641539 <input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Wilson Powell II 2916 Barrett Ave Plant City FL 33566-9566 <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	WMD YANCEY, ROYCE A 811 S WIGGINS RD PLANT CITY, FL 33566 <input checked="" type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Louis Kelly Mittons II 516 Valencia Park Dr Seffner FL 33584-5494 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SWD BETHEA, PHILIP P 1801 PRESERVATION DR PLANT CITY, FL 33566 <input checked="" type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Benjamin Phillip Piatt 3411 King George Ln Seffner FL 33584-6115 <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, WILLIAM H 2825 CLUB HOUSE DR PLANT CITY, FL 33567 <input checked="" type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete			<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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>					
<b>SIGNATURE:</b> <u>Robert A May</u> <b>ROBERT A. MAY</b> 3/14/06    813-252-8061 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					