

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90203 021 ****61.25

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|---|--|--|---|---|--|
| DOCUMENT # C10119 | | | |  | |
| 1. Entity Name STAR LODGE NO. 78 FREE AND ACCEPTED MASONS OF FLORIDA | | | | | |
| Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US | | | Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | | |
| 4. FEI Number 23-7163084 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SHEPPARD, ROY C 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD THOMPSON, CHARLES L 106 ASPEN CIRCLE SEMINOLE, FL 33777 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Lee Fleeman 509 4th Ave NE Largo FL 33770-5015 <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARWOOD, DON H 1823 TROPIC BLVD N LARGO, FL 3370-108 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER (D) <input checked="" type="checkbox"/> Addition Dennis Raymond Salliotte P.O. Box 504 N/A Indian Rocks Beach FL 33785-0504 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WAMPOLE, RAYMOND C 16416 US HIGHWAY 19 N 535 CLEARWATER, FL 337648708 <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUSKIRK, STEVEN A 1709C BELLEAIR FOREST DR CLEARWATER, FL 337561501 <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANGWORTHY, DONALD R 807 LAKE PALM DR LARGO, FL 33771 <input type="checkbox"/> Delete | | <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: <i>Donald R. Langworthy</i> DONALD R. LANGWORTHY | | | Date: <i>March 9, 2006</i> Daytime Phone #: <i>585-2485</i> | | |