

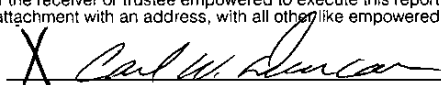


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90246 005 ****61.25

DOCUMENT # C10122 1. Entity Name APALACHICOLA LODGE NO. 76 FREE AND ACCEPTED MASON 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		 02012006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 23-7526374				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 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;"> FL Zip Code </div>		
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 _____					
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	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD MOSES, CHARLIE WILLIE 63 SHULETR ST EASTPOINT, FL 323283460	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) X Change <input type="checkbox"/> Addition Charlie Willie Moses 63 Shuler St Eastpoint FL 32328-3460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WM WOODROW DUNCAN, CARL 1416 BLUFF RD. APALACHICOLA, FL 323201010	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) X Change <input type="checkbox"/> Addition Elton Rockie Moore P O Box 580 N/A Eastpoint FL 32328-0580	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD MOORE, ELTON ROCKIE P.O. BOX 580 EASTPOINT, FL 323280580	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) X Change <input type="checkbox"/> Addition John William Carroll 325 Power Dr Eastpoint FL 32320-3356	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTON, CHARLEY EDWARD P.O. BOX 272 EASTPOINT, FL 323280272	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) X Change <input type="checkbox"/> Addition Carl Woodrow Duncan 1416 Bluff Rd Apalachicola FL 32320-1010	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT, WILLIAM EDMUND P.O. BOX 321 APALACHICOLA, FL 323290321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.					
SIGNATURE: 			CARL W. DUNCAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4-25-06 Daytime Phone # 904-354-2339		