


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90253 014 \*\*\*\*61.25

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # C10125</b><br>1. Entity Name<br><b>LAWTEY LODGE NO. 189 FREE AND ACCEPTED<br/>MASONS OF FLORIDA</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>C/O ROY CONNOR SHEPPARD<br/>220 OCEAN ST.<br/>JACKSONVILLE, FL 32202</b>   |  |   | Mailing Address<br><b>C/O ROY CONNOR SHEPPARD<br/>220 OCEAN ST.<br/>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   |   |  |
| 4. FEI Number<br><b>23-7526450</b>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional<br/>Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SHEPPARD, ROY CONNOR<br/>220 OCEAN ST<br/>JACKSONVILLE, FL 32202</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |   |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>GRIFFITS, JAMES E</b><br>791 NE CTY RD 125<br>LAWTEY, FL 32058 | <input checked="" type="checkbox"/> Delete  | 11. WARDENS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | (D)<br><b>Donald Ralph DeWitt Jr</b><br>15131 SW 54th Ave<br>Starke FL 32091-6379<br>SENIOR WARDEN<br>Thomas Logan Rice<br>4087 NW County Rd 125<br>Lawtey FL 32058-2908<br>SECRETARY<br>Robert William Rehberg<br>8730 NW 196th St<br>Starke FL 32091-5435 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | (D)<br><b>Robert William Rehberg</b><br>8730 NW 196th St<br>Starke FL 32091-5435  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | (D)<br><b>Gary Gene Wellhausen</b><br>328 North St<br>Maxville FL 32234-3018  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | (D)<br><b>Gary Gene Wellhausen</b><br>328 North St<br>Maxville FL 32234-3018  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   | (D)<br><b>Gary Gene Wellhausen</b><br>328 North St<br>Maxville FL 32234-3018  |   |  |
| 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>Robert W. Rehberg</u> <b>ROBERT W. REHBERG</b> 3-16-06 904-984-<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |   |  |

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