2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # C10134

1. Entity Name

WILLÍAM B. BARNETT LODGE NO. 187 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business Mailing Address C/O ROY CONNOR SHEPPARD C/O ROY CONNOR SHEPPARD 220 OCEAN ST 220 OCEAN ST JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202

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

03-27-2006 90253 012 ****61.25

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C/O ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL		220 OCEAN ST	O ROY CONNOR SHEPPARD 20 OCEAN ST CKSONVILLE, FL 32202								
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address			T I TOTALON KINI KINI DALIN KINI KINI KINI TANI DINI DINI DALIN TANI TANI DALIN TANI					
Suite, Apt. #, etc	D.	Suite, Apt. #, etc	÷.		02022006 Chg-	NP CR2I	E037 (11/05)				
City & State		City & State	City & State		4. FEI Number 59-0143448	Applied For Not Applicable					
Zip	Country	Zip	Country	1	5. Certificate of Status Desired \$8.75 Addit Fee Required						
6.	Name and Address of Cur	rent Registered Agent			7. Name and Addres	s of New Register	ed Agent				
SHEPPARD, ROY CONNER 220 OCEAN ST JACKSONVILLE, FL 32202				Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							
	ed entity submits this statemo of registered agent.	ent for the purpose of changi	ng its registered o	ffice or regis	tered agent, or both, in the	State of Florida. I	am familiar with, and accept				
Signat	ture, typed or printed name of registered	agent and title if applicable.	(NOTE: Registered Age	ent signature requi	red when reinstating)	DA1	TE .				
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Trust Fund Contribu				+0.00 100							
10.	OFFICERS AN	D DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10								

SIGNATURE										
Stgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Con			0 May Be to Fees	F	Make check orida Depart			
10.	OFFICERS AND DIRECTORS		11.	ADDITI	ONS/CHA	NGES TO OFFI	CERS AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, RAYMOND D JR 54 E 31ST ST JACKSONVILLE, FL 32206	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRENT, MICHAEL P 7372 WENDING CT S JACKSONVILLE, FL 32244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EZELL, BRIAN L 5222 SHARON TER JACKSONVILLE, FL 32207	Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOWNS, ALVIN M 10945 SCOTT HILL ROAD JACKSONVILLE, FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, CLINTON F 6178 LONNIE RD JACKSONVILLE, FL 322181135	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	Kenn 4647	DR WARD eth Cha Polari	rles s St			☐ Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in chapter 119, increased 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 a) offer like empowered.										