


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90125 045 ****61.25

DOCUMENT # C10135					
1. Entity Name WINTER HAVEN LODGE NO. 186 FREE AND ACCEPTED MASONS 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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1353003	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
03032005		Chg-NP		CR2E037 (10/03)	
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		
			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 _____ Signature, 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, 2005		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	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD PARKS, ROGER		NAME	Robert Lee Edeker	
STREET ADDRESS	625 BUTTERNUT PL		STREET ADDRESS	211 Greenfield Rd SE	
CITY-ST-ZIP	LAKELAND, FL 338133606		CITY-ST-ZIP	Winter Haven FL 33884-1311	<input type="checkbox"/> Addition
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> X
NAME	LEE EDEKER, ROBERT		NAME	Willy Paul Abercrombie	
STREET ADDRESS	311 GREENFIELD RD S.E.		STREET ADDRESS	239 9th Wahneta St W	
CITY-ST-ZIP	WINTER HAVEN, FL 338841311		CITY-ST-ZIP	Winter Haven FL 33880-6003	<input checked="" type="checkbox"/> Addition
TITLE	SD	<input type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> X
NAME	BOSWORTH, ROBERT A		NAME	Richard Clay Hollie Sr	
STREET ADDRESS	1968 GALAXY DR		STREET ADDRESS	220 1st St	
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP	Davenport FL 33837-9141	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLETCHER, JOHN WILLIAM		NAME		
STREET ADDRESS	2500 21ST STREET N.W., #68		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 338811276		CITY-ST-ZIP		
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL ABERCROMBIE, WILLY		NAME		
STREET ADDRESS	239 9TH WAHNETA ST W		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 338806003		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 A. Bosworth, Sr.</u> ROBERT A. BOSWORTH, SR. 3/30/2005 863-258-7405					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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