


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90018 044 ****61.25

DOCUMENT # C10142 1. Entity Name PALMETTO LODGE NO. 110 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			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-6143409				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 SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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 _____ <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	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	WMD	<input checked="" type="checkbox"/> Delete	ADDITIONAL OFFICERS OR DIRECTORS		
NAME	WALLS, RICHARD A	<input checked="" type="checkbox"/> Delete	11. ADDITIONAL OFFICERS OR DIRECTORS WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donald Angelo Shearer 3701 14th St W #69 Bradenton FL 34205-6169		
STREET ADDRESS	5030 14TH ST W, #H-14		SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jaime Lamar Johnson 4607 34th St W Bradenton FL 34210-3205		
CITY-ST-ZIP	BRADENTON, FL 342072415		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	SWD	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHEARER, DONALD A	<input checked="" type="checkbox"/> Delete	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ray Walter Dielman 2725 Terra Ceia Bay Blvd #208 Palmetto FL 34221-5934		
STREET ADDRESS	3701 14TH ST. W. LOT #69		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	BRADENTON, FL 34205		JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard Arlen Wallis 5030 14th St W #H-14 Bradenton FL 34207-2415		
TITLE	TD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDWARDS, DERRYL T	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	5657 MANATEE AVE W		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	BRADENTON, FL 342091716		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	SD	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DALE, DANIEL E	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	601 14TH AVE W		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	PALMETTO, FL 342214522		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	JWD	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WOLFE SR., CHARLES E	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	8 JASMINE AVE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	PALMETTO, FL 342211914		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			<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>[Signature]</i>		<i>Ray Dielman</i>		3-13-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	