2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10142

1. Entity Name

PALMETTO LODGE NO. 110 FREE AND ACCEPTED MASONS OF FLORIDA



FILED Apr 04, 2007 8:00 am Secretary of State

04-04-2007 90168 035 ****61.25

Company Comp				- TES					
Suite, Apt. f. etc. City & State City & City & State City & State City & City & State City & City & State City & Cit	C/O ROY CONNOR SHEPPARD 220 OCEAN ST.		C/O ROY CONNOR SHEPPARD 220 Ocean St.				H 01911 91914 01014 01011 01011 010	HI BL LE BE	
City & State Name SheepARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202 City FL Zip Code	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address						
Special Country Zip Country Special Coun	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01202007 Cr	ng-NP	CR2E037 (12/06)		
S. Certificate of status usered Fee Required S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent S. Name and Add	City & State		City & State		FO 0440400				
Name	Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired			
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202 City City FL Zip Code 6. 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 FIIIng Fee is \$61.25 Due by May 1, 2007 PILITY FOR DUE TO PRICE AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 WMD SHEARER, DONALD A SHEARER, DONALD B SHEARER ADDRESS SHIP WATCHED SHEARER WATCHED TO DEBET BRADENTON, FL 342056169 Debete SHIP DEBET TO DEBET SHIP DEBET SHIP DEBET SHIP DEBTE SHIP WATCHED TO DEBET SHIP DEBTE SHIP WATCHED TO DEBTE SHIP WATCHED TO DEBTE SHIP WATCHED SHIP DEBTE SHIP WATCHED TO DEBTE SHIP WATCHED SHIP DEBTE SHIP WATCHED TO DEBTE SHIP WATCHED SHIP DEBTE SHIP WATCHED SHIP DEBTE SHIP WATCHED SHIP DEBTE SHIP WATCHED TO DEBTE SHIP WATCHED SHIP SHIP SHIP SHIP SHIP SHIP SHIP SHIP		6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New F	Registered Agent		
Steel Address (P.O. Box Number is Not Acceptable)	SHEDDARD BOY CONNOR			Name					
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 Supmature Injury	220 OCEAN ST			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent. or both. In the State of Florida. Tam tamiliar with, and accept the obligations of registered agent. Signature Signatu				City			Zip Cod	le	
SIGNATURE Signature, typed or printed name of registered agent and supplicable (NOTE Registered Agent agriculture required verter retransition)									
Filing Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution. OFFICERS AND DIRECTORS IT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TO STREET ADDRESS AND DIRECTORS AND DIRECT			r the purpose of changing its	registered office of regis	stered agent, or both, in	the State of Fi	lorida. Tam famillar with,	and accept	
10.	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agent signature requ	ared when reinstating)		DATE		
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indicated on this report or supplied with this ming does not quality 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 place like empowered. $\rho_{\rm color} = 1.00$ Ray Dielman

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26.07

441.722.4374

Daytime Phone #