

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90293 025 \*\*\*\*61.25

<b>DOCUMENT # C10148</b> 1. Entity Name <b>NATURAL BRIDGE LODGE NO. 106 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>SHEPPARD, ROY CONNOR 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>SHEPPARD, ROY CONNOR 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-7526401</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRYOR, ARNIE JR		NAME		
STREET ADDRESS	14 FARM ROAD		STREET ADDRESS		
CITY-ST-ZIP	WESTVILLE, FL 32464		CITY-ST-ZIP		
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HEAD, WILLIAM T		NAME	Jamei Lehman Campbell	
STREET ADDRESS	17443 ST HWY 83 N		STREET ADDRESS	138 Schofield Rd	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		CITY-ST-ZIP	Defuniak Springs FL 32433-1	
TITLE	JWD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Addition	
NAME	WILKERSON, ROBERT		NAME		
STREET ADDRESS	1563 HWY 181		STREET ADDRESS		
CITY-ST-ZIP	WESTVILLE, FL 32464		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CAMPBELL, JAMES L		NAME	Kie Collingsworth	
STREET ADDRESS	138 SCHOFIELD ROAD		STREET ADDRESS	1283 Hemphill Rd	
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32437		CITY-ST-ZIP	Defuniak Springs FL 32433-0774	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Addition	
NAME	PRIDGEN, KENNETH S		NAME		
STREET ADDRESS	17443 HWY 83 N		STREET ADDRESS		
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32433		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.					
<b>SIGNATURE:</b> <i>Kenneth Pridgen</i> <b>Kenneth Pridgen</b>			4-30-05 850-834-2236		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		