## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT # C10149**

1. Entity Name
DESOTO LODGE NO. 105 FREE AND ACCEPTED
MASONS OF FLORIDA



**FILED** Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90190 040 \*\*\*\*61.25

					GOO WE IN				
Principal Place ROY CONNOF 220 OCEAN S JACKSONVILL	s sheppard Street	ROY 220	g Address CONNOR SHEPPAR OCEAN STREET SONVILLE, FL 322		US		V 7 U V V	6164 B(6) 618) B(6) 0(6)	P184161 81 1891
2. Principal P	ace of Business	3. Mai	ling Address						
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			02022006	Chg-NP	CR2E037 (11/05	)
City & State		Cit	ly & State			4. FEI Number 23-75264	<del></del>	<b>}—</b>	Applied For Not Applicable
Zip Country		Ziç	Zip		untry	5. Certificate of	5. Certificate of Status Desired S8.75 Additional Fee Required		dditional
	6. Name and Address of Curre	nt Registere	ed Agent			7. Name and A	ddress of New R	egistered Agent	
SHEPPAR			Name	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- Julian Barra			
220 OCEAN ST JACKSONVILLE, FL 32202			Street Address			s (P.O. Box Number	is Not Acceptable	·)	
					City			FL Zip C	ode
								<u> </u>	
	named entity submits this statement ions of registered agent.	for the purp	oose of changing its	register	ed office or regist	tered agent, or both,	, in the State of Fio	orida. I am familiar wi	th, and accept
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if app	plicable. (NOTE	: Registere	ed Agent signature requir	red when reinstating)		DATE	
Filing Fee Is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS		11,		ADDITIONS/CHAI	VGES TO OFFICE	RS AND DIRECTORS	IN 10
TITLE	D		☐ Delete	TITL				Chanc	
	=		Therefee	NAM	l l			[] Chang	e T Vogition
NAME	RIVERA, DAVID C WM				-				
STREET ADDRESS	PO BOX 1883				EET ADDRESS				
CITY+ST-ZIP	GIBSONTON, FL 335341923				r-ST-ZIP				
TITLE							· <b>-</b> · -		
	SWD		☐ Delete	1	SENIOR !	WARDEN	(D) <sup>—</sup>	☐ Chang	e Addition
NAME	SWD COOKSEY RIVERA, DAVID		☐ Delete		SENIOR ( Robert (	Wayne Dis	hon	☐ Chan	e Addition
NAME STREET ADDRESS			☐ Delete		SENIOR ( Robert (		hon	☐ Chang	e Addition
_	COOKSEY RIVERA, DAVID		☐ Delete	1	SENIOR ( Robert ( 11011 S	Wayne Dis cott Loop	thon	☐ Chang	e ÆAddition
STREET ADDRESS CITY-ST-ZIP	COOKSEY RIVERA, DAVID PO BOX 1823 RUSKIN, FL 33570				SENIOR ( Robert ( 11011 S Rivervi	Wayne Dis	thon		
STREET ADDRESS CITY-ST-ZIP	COOKSEY RIVERA, DAVID PO BOX 1823 RUSKIN, FL 33570 D		☐ Delete		SENIOR ( Robert ( 11011 S Rivervi	Wayne Dis cott Loop	thon	☐ Chang	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	COOKSEY RIVERA, DAVID PO BOX 1823 RUSKIN, FL 33570 D BIGHAM, ROBERT W JW			TITL	SENIOR ( Robert ( 11011 S: Rivervi:	Wayne Dis cott Loop	thon		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	COOKSEY RIVERA, DAVID PO BOX 1823 RUSKIN, FL 33570 D BIGHAM, ROBERT W JW 11011 SCOTT LOOP			TITL NAM STRI	SENIOR   Robert   11011 S: Rivervi: E EET ADDRESS	Wayne Dis cott Loop	thon		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOKSEY RIVERA, DAVID PO BOX 1823 RUSKIN, FL 33570 D BIGHAM, ROBERT W JW 11011 SCOTT LOOP RIVERVIEW, FL 335695181		☐ Delete	TITL NAM STRI CHTY	SENIOR Robert 11011 S Rivervi  E EET ADDRESS (-ST-ZIP	Wayne Dis cott Loop	thon	Chang	e Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	COOKSEY RIVERA, DAVID PO BOX 1823 RUSKIN, FL 33570 D BIGHAM, ROBERT W JW 11011 SCOTT LOOP RIVERVIEW, FL 335695181 S FRANKLIN, DONALD L 3402 OLARISIA AVE RUSKIN, FL 335705936 T FRANK JAMES, BOBBY 13330 LARAWAY DRIVE		☐ Delete ☐ Delete ☐ Delete	TITL NAM STRI CITY TITL NAM STRI CITY TITL NAM STRI	SENIOR   Robert   11011   Strict   Rivervite EET ADDRESS   F-S1-ZIP   EET ADDRESS   F-S1-ZIP   EET ADDRESS   JUNIOR   Mark   Da.   7455   Al.	Wayne Dis cott Loop ew FL 339 wid Titze afia Rids	(D)—	Chang	e Addition e Addition
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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:

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD L. FRANKLIN