
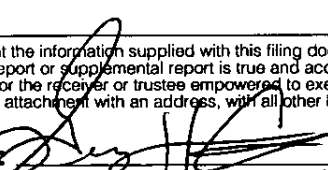


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90142 007 ****61.25

DOCUMENT # C10163 1. Entity Name EZRA LODGE NO. 67 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03122005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-0950560	
				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 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 _____ <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, 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	JWD	<input type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYBERRY, EUGENE R		NAME	Charles Eugene Wythe	
STREET ADDRESS	7351 OAKWOOD STREET		STREET ADDRESS	2850 Arnold Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP	Jacksonville FL 32218-1234	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME	WYTHE, CHARLES EUGENE		NAME	William Elbert Crews Jr	
STREET ADDRESS	2850 ARNOLD RD.		STREET ADDRESS	1076 Eagle Bend Ct	
CITY-ST-ZIP	JACKSONVILLE, FL 322181234		CITY-ST-ZIP	Jacksonville FL 32226-9501	
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D) <input checked="" type="checkbox"/> Addition	
NAME	CREWS, WILLIAM ELBERT JR.		NAME	James Aaron Jones	
STREET ADDRESS	1076 EAGLE BEND CT.		STREET ADDRESS	14000 Inlet Dr	
CITY-ST-ZIP	JACKSONVILLE, FL 322269501		CITY-ST-ZIP	Jacksonville FL 32225-2006	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Addition	
NAME	DRISWELL, LOUIS M		NAME	George Henry Annou	
STREET ADDRESS	1942 BUCKNELL AVE		STREET ADDRESS	8263 Hollyridge Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	Jacksonville FL 32256-7202	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	MIXON, JAMES WILLIAM SR		NAME		
STREET ADDRESS	2345 BROWARD ROAD		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 322185147		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: 			April 19, 2005 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					