## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # C10167**



Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90190 028 \*\*\*\*61.25

**FILED** 

1. Entity Nam DADE LC OF FLOR	DGE NO.	14 FREE AND A	CCEPTED MASONS	s						
Principal Place of Business Mailing Address C/O ROY CONNOR SHEPPARD C/O ROY CONN 220 OCEAN ST. 220 OCEAN ST JACKSONVILLE, FL 32202 US JACKSONVILLE					JS		28181    1818   81111   1881	11111 <b>1</b> 1111 11111		D)  [8]
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02012006 CI	ng-NP	CR2E03	7 (11/05)		
City & State		City & State			4. FEI Number 23-710918	3		_ <del>                                    </del>	pplied For ot Applicable	
Žip		Country	Zip	Zip Cou		5. Certificate of Status Desired			\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent						7. Name and Add	ress of New Re	gistered A	gent	
01155545	D DOV 60	NINOD			Name					
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202						(P.O. Box Number is f	Not Acceptable)	)		
UNONO N	, v.c.e., , e .	J2202			-					
					City			FL	Zip Cod	ie
8. The above the obligat	named entity s tions of register	submits this statement for ed agent.	or the purpose of changing it	s registere	d office or registe	ered agent, or both, in	the State of Flor	rida. I am fa	amiliar with,	and accept
SIGNATURE .		printed name of registered agent	and little if applicable. (NO	TE: Registered	Agent signature require	Rd when reinstating)		DATE		
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	_	ls \$61.25°; ny 1, 2006 ∄	9. Election Ca Trust Fund	ımpaign Fi	nancing	\$5.00 May Be Added to Fees		ake check da Depart		
10.	_		Trust Fund	ımpaign Fi	nancing	\$5.00 May Be	Flori	ake check da Departi	ment of S	tate
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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:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR