


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90283 046 ****61.25

DOCUMENT # C10170					
1. Entity Name WELLBORN LODGE NO. 13 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O RAY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			Mailing Address C/O RAY CONNER 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		4. FEI Number 23-7526336	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			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, 2006		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	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, JAMES L		NAME	George Albert Greene	
STREET ADDRESS	2712 122ND TERRACE		STREET ADDRESS	24090 State Rd 247	
CITY-ST-ZIP	WELLBORN, FL 320942050		CITY-ST-ZIP	O'Brien FL 32071-4241	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENE, GEORGE A		NAME	Luther Lester Hall	
STREET ADDRESS	24090 SR 247		STREET ADDRESS	11015 71st Dr	
CITY-ST-ZIP	O BRIEN, FL 320714241		CITY-ST-ZIP	Live Oak FL 32060-7188	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRALICK, JUANICE		NAME	James Andrew Greene	
STREET ADDRESS	4548 126TH PLACE "A"		STREET ADDRESS	1021 NW Everett Ter	
CITY-ST-ZIP	WELLBORN, FL 32094		CITY-ST-ZIP	White Springs FL 32096-8400	<input type="checkbox"/> Addition
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYLARD, FRED O		NAME		
STREET ADDRESS	4575 LOWE LAKE ROAD		STREET ADDRESS		
CITY-ST-ZIP	WELLBORN, FL 32094		CITY-ST-ZIP		
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, LUTHER L		NAME		
STREET ADDRESS	11015 71ST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 320607188		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 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 empowerers.					
SIGNATURE: <i>Juanice Fralick</i>		Date: 3-13-06		Daytime Phone #: 389-963-5409	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					