2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10176

1. Entity Name IRA LINDSEY, SR., LODGE NO 365 FREE AND



FILED Mar 29, 2006 8:00 am Secretary of State

03-29-2006 90138 033 ****61.25

Source S	ACCEPTED MASONS OF FLORIDA							
Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State Country	C/O ROY CONNOR SHEPPARD 220 OCEAN ST		C/O ROY CONNOR SHEPPARD 220 OCEAN ST			500069	118	
Suite Apt #, etc.	JACKSONVILL	.E, FL 32202	JACKSONVILLE, FL 3220	12				
City & State	2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address				
Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02062006 C	thg-NP CR2E037 (11/05)		
S. Cardificate of Status Desired Fee Required F	City & State		City & State			, ,		
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202 8. The above named entity submits this statement for the purcose of changing its registered effect of the obligations of registered signer. SIGNATURE Signature, price or prince rame of registered signer. Order Registered effect of prince rame of registered signer. Order Registered effect of prince rame of registered signer. Order Registered effect of prince rame of registered signer. Order Registered effect of prince rame of registered signer. Order Registered effect, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered signer. Order Registered effect, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered signer. Order Registered effect, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered signer. Order Registered effect, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered signer. Order Registered effect, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered signer. Order State Signature, poor of prince rame of registered signer. Order Registered effect, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered signer. Order State	Zip	Country	Zip	Country	5. Certificate of S			
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202 City FL Zip Code		6. Name and Address of Current F	Registered Agent					
SIGNATURE 8. The above named critity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, loped or preside large of registered agent agent. SIGNATURE Filling Fee is .\$61.25 Due by May 1; 2006 10.	SHEPPARD ROY CONNOR			Name	Name			
8. The above named critly 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 figent. SIGNATURE Signature, hose or period frame of registered agent and table applicable. (NOTE Registered Agent Signature required when restricting) DATE	220 OCEAN STREET			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named critly 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 figent. SIGNATURE Signature, hose or period frame of registered agent and table applicable. (NOTE Registered Agent Signature required when restricting) DATE								
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Indicated on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Truffer 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.

Chay les D. Mabry

GNATURE:

(Chay les D. Mabry)

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR