



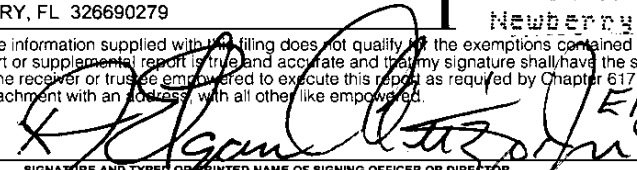
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 8:00 am
Secretary of State

05-17-2006 90019 020 ****61.25

DOCUMENT # C10177 1. Entity Name IRA CARTER LODGE NO. 150 AND ACCEPTED MASONS OF FLORIDA																													
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 59-2269371																									
Zip		Country		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																									
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)</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																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">SD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALTIZER, J. ELGAN JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22518 NW 22ND AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEWBERRY, FL 32669</td> <td></td> </tr> </table>				TITLE	SD	<input type="checkbox"/> Delete	NAME	ALTIZER, J. ELGAN JR		STREET ADDRESS	22518 NW 22ND AVENUE		CITY-ST-ZIP	NEWBERRY, FL 32669		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">SENIOR WARDEN (D)</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Allen L Hogan</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Po Box 699 N/A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Alachua FL 32615-0899</td> <td></td> </tr> </table>		TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Allen L Hogan		STREET ADDRESS	Po Box 699 N/A		CITY-ST-ZIP	Alachua FL 32615-0899	
TITLE	SD	<input type="checkbox"/> Delete																											
NAME	ALTIZER, J. ELGAN JR																												
STREET ADDRESS	22518 NW 22ND AVENUE																												
CITY-ST-ZIP	NEWBERRY, FL 32669																												
TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME	Allen L Hogan																												
STREET ADDRESS	Po Box 699 N/A																												
CITY-ST-ZIP	Alachua FL 32615-0899																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">SWD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GADDY, DAVID D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8308 SW 138TH STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ARCHER, FL 326183240</td> <td></td> </tr> </table>				TITLE	SWD	<input checked="" type="checkbox"/> Delete	NAME	GADDY, DAVID D		STREET ADDRESS	8308 SW 138TH STREET		CITY-ST-ZIP	ARCHER, FL 326183240		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">WURSHIPFUL MASTER (D)</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Timothy Allen Ross</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. Box 279 N/A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Newberry FL 32669-0279</td> <td></td> </tr> </table>		TITLE	WURSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Timothy Allen Ross		STREET ADDRESS	P.O. Box 279 N/A		CITY-ST-ZIP	Newberry FL 32669-0279	
TITLE	SWD	<input checked="" type="checkbox"/> Delete																											
NAME	GADDY, DAVID D																												
STREET ADDRESS	8308 SW 138TH STREET																												
CITY-ST-ZIP	ARCHER, FL 326183240																												
TITLE	WURSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	Timothy Allen Ross																												
STREET ADDRESS	P.O. Box 279 N/A																												
CITY-ST-ZIP	Newberry FL 32669-0279																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">WMD</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROBINSON, WILLIAM C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 893</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEWBERRY, FL 32669</td> <td></td> </tr> </table>				TITLE	WMD	<input checked="" type="checkbox"/> Delete	NAME	ROBINSON, WILLIAM C		STREET ADDRESS	PO BOX 893		CITY-ST-ZIP	NEWBERRY, FL 32669		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">JUNIOR WARDEN (D)</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Donald Fredie Suggs</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22314 N W 22nd Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Newberry FL 32669</td> <td></td> </tr> </table>		TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Donald Fredie Suggs		STREET ADDRESS	22314 N W 22nd Ave		CITY-ST-ZIP	Newberry FL 32669	
TITLE	WMD	<input checked="" type="checkbox"/> Delete																											
NAME	ROBINSON, WILLIAM C																												
STREET ADDRESS	PO BOX 893																												
CITY-ST-ZIP	NEWBERRY, FL 32669																												
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME	Donald Fredie Suggs																												
STREET ADDRESS	22314 N W 22nd Ave																												
CITY-ST-ZIP	Newberry FL 32669																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">TD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KEENE, LAWRENCE C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 452</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEWBERRY, FL 32669</td> <td></td> </tr> </table>				TITLE	TD	<input type="checkbox"/> Delete	NAME	KEENE, LAWRENCE C		STREET ADDRESS	P.O. BOX 452		CITY-ST-ZIP	NEWBERRY, FL 32669		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GODDY, DAVID W WM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 893</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ARCHER, FL 326183893</td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	GODDY, DAVID W WM		STREET ADDRESS	PO BOX 893		CITY-ST-ZIP	ARCHER, FL 326183893	
TITLE	TD	<input type="checkbox"/> Delete																											
NAME	KEENE, LAWRENCE C																												
STREET ADDRESS	P.O. BOX 452																												
CITY-ST-ZIP	NEWBERRY, FL 32669																												
TITLE	D	<input checked="" type="checkbox"/> Delete																											
NAME	GODDY, DAVID W WM																												
STREET ADDRESS	PO BOX 893																												
CITY-ST-ZIP	ARCHER, FL 326183893																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROSS, TIMOTHY A SW</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 279</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEWBERRY, FL 326690279</td> <td></td> </tr> </table>				TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	ROSS, TIMOTHY A SW		STREET ADDRESS	PO BOX 279		CITY-ST-ZIP	NEWBERRY, FL 326690279		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>KEENE, LAWRENCE C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 452</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEWBERRY, FL 32669</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	KEENE, LAWRENCE C		STREET ADDRESS	P.O. BOX 452		CITY-ST-ZIP	NEWBERRY, FL 32669	
TITLE	D	<input checked="" type="checkbox"/> Delete																											
NAME	ROSS, TIMOTHY A SW																												
STREET ADDRESS	PO BOX 279																												
CITY-ST-ZIP	NEWBERRY, FL 326690279																												
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME	KEENE, LAWRENCE C																												
STREET ADDRESS	P.O. BOX 452																												
CITY-ST-ZIP	NEWBERRY, FL 32669																												

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:  **Elgan Altizer, Jr.** **3-22-06** **352-316-4410**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-22-06** Daytime Phone # **352-316-4410**