2006 NOT-FOR-PROFIT CORPORATION

Mar 27, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # C10204 03-27-2006 90278 003 ****61.25 CABÚL LODGE NO. 116 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address 50006113 C/O ROY CONNOR SHEPPARD C/O ROY CONNOR SHEPPARD 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02022006 Cha-NP CR2E037 (11/05) 4. FEI Number Applied For City & State City & State 59-6195686 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEPPARD, ROY CONNOR Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET JACKSONVILLE, FL 32202 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. SECRETARY ☐ Change D ☐ Delete TITLE Benjamin William Bunnell HICKOX, RAPHARD E NAME 5550 STEAMBOAT RD 3844 Ron Rd STREET ADDRESS Green Cove Serings FL 32043-8585 ST. AUGUSTINE, FL 32092 CITY-ST-ZIP JUNIOR WARDEN (0)Addition TD ☐ Delete Kenneth Wayne Sterling LAW, GRADY B NAME 1804 COLONIAL DR STREET ADDRESS 2207 Knowles Rd GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP Green Cove Springs FL 32043-8822 ☐ Delete TITLE LEWIS, JERRY O NAME NAME STREET ADDRESS 522 KEVIN DR STREET ADDRESS ORANGE PARK, FL 32073 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ∪elete SHELBY BARLING, SID NAME STREET ADDRESS STREET ADDRESS 3064 MOODY AVE ORANGE PARK, FL 32065 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE JONES, RONALD C NAME STREET ADDRESS P O BOX 213 STREET ADDRESS GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE 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 Benjamin Bunnell changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

FILED