


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-29-2006 90129 023 ****61.25

DOCUMENT # C10205 1. Entity Name MARATHON LODGE NO. 323 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN STREET 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	WMD GLOVER, JAY T 260 43RD ST MARATHON, FL 33050 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jeffrey M Hutt 330 63rd Ct Marathon FL 33050	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SW RUSSELL, WARREN Y JR 1999 GROUPE DR MARATHON, FL 33050 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Phillip Schneider 1132 Bulevar De Palmas Marathon FL 33050-2529	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDOWELL, WALTER M JR 1257 24TH ST MARATHON, FL 33050 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Timothy Scott Foster 703-S Sombrero Beach Rd Marathon FL 33050-3951	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEINKE, DAVID W 15 SOMBRERO BLVD #203 MARATHON, FL 33050 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD HUTT, JEFFREY M 330 63RD CT MARATHON, FL 33050 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Walter M. McDowell Jr</i> - WALTER M. McDOWELL JR			3-9-06 305-481-4863 Date Daytime Phone #		

OGDEN UT 84201-0034

ATTACHMENT

20022604

#C10205

In reply refer to: 0426030663

May 17, 2005 LTR 3875C E

59-1724622 200412 67 000

21035

BODC: TE

MARATHON LODGE #323
PO BOX 500866
MARATHON FL 33050

01228

Taxpayer Identification Number: 59-1724622
Form: 990
Tax Period: Dec. 31, 2004

Dear Taxpayer:

We received your return referenced above under taxpayer identification number (TIN) 23-7526541. Our records show you were assigned TIN 59-1724622 so we are processing your return using that TIN. You should file using that TIN for any future filings.

If you have any questions, please call us toll free at 1-877-829-5500.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, provide us with a telephone number with the hours we can reach you. Also, you should keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Marlene Waters

Marlene Waters
Dept. Manager, Input Corrections

Dear Bro. Secretary,

We Received This letter last year after Filing
our 990 Form.

John M. Waters