
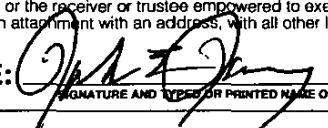


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90381 004 ****61.25

DOCUMENT # C10208 1. Entity Name CITRUS LODGE NO. 118 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address C/O ROY CONNOR 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 59-0194073	
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 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, 2005		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAROTTA, ANTHONY JOSEPH		NAME		
STREET ADDRESS	675 N HEATHROW DR.		STREET ADDRESS		
CITY-ST-ZIP	LECANTO, FL 344619258		CITY-ST-ZIP		
TITLE	SWD	<input type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MABIE, WALTER EUGENE		NAME	Walter Eugene Mabie	
STREET ADDRESS	3700E DIAMOND CIR.		STREET ADDRESS	3700 E Diamond Cir	
CITY-ST-ZIP	HERNANDO, FL 344427902		CITY-ST-ZIP	Hernando FL 34442-7902	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HIXON, FRANK EUGENE		NAME	Frederick Jack Schofield	
STREET ADDRESS	4245 E FLYING EAGLE		STREET ADDRESS	1334 Cypress Cove Ct	
CITY-ST-ZIP	INVERNESS, FL 344531620		CITY-ST-ZIP	Inverness FL 34450-5073	
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	ORTLOFF, F. WILLIAM		NAME		
STREET ADDRESS	617 W CASE STREET		STREET ADDRESS		
CITY-ST-ZIP	HERNANDO, FL 34442		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMSEY, RALPH EUGENE		NAME	Ralph Eugene Ramsey	
STREET ADDRESS	7228 E OAK ISLE DR.		STREET ADDRESS	935 Carnegie Dr	
CITY-ST-ZIP	INVERNESS, FL 344502502		CITY-ST-ZIP	Inverness FL 34450-6821	
TITLE		<input type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Bill Huff	
STREET ADDRESS			STREET ADDRESS	1033 E Cloverbrook Ln	
CITY-ST-ZIP			CITY-ST-ZIP	Inverness FL 34450-2779	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature is of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4-01-05 Daytime Phone #: 352-344-4544		