


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90188 049 ****61.25

DOCUMENT # C10210 1. Entity Name MAYO LODGE NO. 119 FREE 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 23-7215359			Applied For <input type="checkbox"/> Not Applicable		
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 STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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					
TITLE	WMD	11. OFFICERS AND DIRECTORS IN 10			
NAME	MICHAEL STORY, WILLIAM SR. <input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	HOR 1 BOX 24C	NAME	Leonard Wendell Massey		
CITY-ST-ZIP	MAYO, FL 320669811	STREET ADDRESS	317 NW Oakland Rd		
		CITY-ST-ZIP	Mayo FL 33066-3857		
TITLE	SWD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMLIN, CURTIS O	NAME			
STREET ADDRESS	PO BOX 561	STREET ADDRESS			
CITY-ST-ZIP	MAYO, FL 32066	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCRAY, WILLIAM C	NAME			
STREET ADDRESS	P.O. BOX 347 N/A	STREET ADDRESS			
CITY-ST-ZIP	MAYO, FL 320660347	CITY-ST-ZIP			
TITLE	JWD <input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASSEY, LEONARD W	NAME	William Charles Hamlin		
STREET ADDRESS	317 OAKLAND ROAD	STREET ADDRESS	398 NE Howard A Hamlin Ln		
CITY-ST-ZIP	MAYO, FL 330263857	CITY-ST-ZIP	Mayo FL 32066-5426		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WINBURN, WAYNE R JR	NAME			
STREET ADDRESS	P O BOX 1403	STREET ADDRESS			
CITY-ST-ZIP	MAYO, FL 320661403	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Wayne R. Winburn</i>		<i>4-112-06 386-294-1890</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					