FILED Apr 12, 2005 8:00 am Secretary of State

	ANNUAL REPORT	
DOCUMENT	# C10222	ı.

1. Entity Name CORINTHIAN LODGE NO. 191 FREE MASONS OF FLORIDA	AND ACCEPTED			04-1	2-2005 90:	125 043 ****61	.25	
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202	Mailing Address C/O ROY CONNOR SHI 220 OCEAN ST JACKSONVILLE, FL 32			 		USU BITU BIBU BIBU BIBU BIBU B	TI KAN BI KAN	
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			03032005 Chg	J-NP	CR2E037 (10/03)		
City & State	City & State			4. FEI Number 59-1978974			Applied For Not Applicable	
Zip Country	Zip	Country		5. Certificate of Stat	rus Desired	S8.75 A		
6. Name and Address of Current F	Registered Agent			7. Name and Addre	es of New Re	gistered Agent		
SHEPPARD, ROY CONNOR			Name					
220 OCEAN STREET JACKSONVILLE, FL 32202	•	Street Address		(P.O. Box Number is Not Acceptable)				
4								
	•	City				FL Zip Co	de	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing it	s registered office	or register	red agent, or both, in the	ne State of Flor	ida. I am familiar witi	n, and accept	
SIGNATURE Signature, typed or printed name of registered agent a	nd title if employees	TE: Registered Agent signs		Lucture minerations		DATE		
Signature, typed or printed name of registered agent a		110000000000000000000000000000000000000	and ladored	, and the same of				
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State			
10. OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGES				
THE CAN D	Delete	TITLE	,	JNIOR WARD		(D) range	Addition	
NAME STREET ADDRESS P.O. BOX 1241		NAME STREET ADORESS		arry Bartl	_		}	
CITY-ST-ZIP MULBERRY, FL 33860		CITY-ST-ZIP	===	312 Magnol ikeland Fl				
TITLE D	☐ Delete	TITLE	1	ikelund pl ECRETARY	. 2.3213	tine.	Addition	
NAME ROY-WRIGHT, DONNEY		NAME		Lan Paul G	Socham	(D) 1 - •		
STREET ADDRESS 4944 EWELL RD CITY-ST-ZIP LAKELAND, FL 338111702	•	STREET ADORESS CITY-ST-ZIP		0 8ox 36			İ	
TITLE D	Delete	TITLE		Jiberry FL		>-00∃5 Chance	Addition	
NAME BUCKARDT, BRIAN B	Dukku	NAME	•	-				
STREET ADDRESS 407 KUMMER DR.	. ~	STREET ADDRESS	<u> </u>			- <u>-</u> _		
CITY-ST-ZIP MULBERRY, FL 338608300		CITY-ST-ZIP	ļ	_			- Addition	
NAME JAMES-MOSES, GERALD	L.I Delete	TITLE Name				Change	☐ Addition	
STREET ADDRESS POBOX 682		STREET ADDRESS	ŀ					
CITY-ST-ZIP MULBERRY, FL 338600682		CITY-ST-ZIP	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
TITLE SD	Oelete	TITLE				☐ Change	☐ Addition	
NAME LAMB, HENRY J STREET ADDRESS 501 CHURCH AVE N.		NAME STREET ADDRESS	Ī					
CITY-ST-ZIP MULBERRY, FL 33860		CITY-ST-ZIP						
TITLE	☐ Delete	TITLE	<u> </u>			☐ Change	☐ Addition	
NAME		NAME						
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with indicated on this report or supplemental report is	and the second s	or the exemption st	ated in Se	ection 119 07(3\fi) Flori	ide Statutes II	higher certify that the	information	
indicated on this report or supplemental report is of the corporation or the receiver or trustee empo changed, or on an attachment with an address, w					made under of	ath; that I am an office	or Block 11 if	