## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 27, 2006 8:00 am Secretary of State

	AMIOAL	Secretary of State							
DOCUMENT # C10225  1. Entity Name HIRAM LODGE NO. 5 FREE AND ACCEPTED MASONS OF FLORIDA						3-27-2006 9	•		
Principal Place of Business C/O ROY CONNER SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202		Mailing Address C/O ROY CONNER SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			THEOREM WE WOULD	ĀĀJĪJ ZIDFO IJOOF OJA	I CITH CITH CHOU	BIBIT BIBIT BIB	RYIN) NA KNI
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02012006 Ct	/ hg-NP	CR2E037	(11/05)		
City & State		City & State			4. FEI Number         Applied For           59-2793813         Not Applicable				
Zip	Country	Zip	Country		5. Certificate of St	atus Desired	□ \$ F	8.75 Add	litional d
	6. Name and Address of Current I		<del></del>	7. Name and Add	ress of New R	egistered Ag	ent		
SHEPPARD, ROY CONNOR 220 OCEAN STREET				Name Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	IVILLE, FL 32202		7	· ·					
			City		<u> </u>		FL	Zip Code	9
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									
Filing Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Trust Fund Contribu				g $\square$	\$5.00 May Be Added to Fees  Make check payable to Florida Department of State				
10.	OFFICERS AND DIR	ECTORS.	11.	/	ADDITIONS/CHANGE	ES TO OFFICE	RS AND DIRE	CTORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP	WM MICHALSKI, JOHN H 8649 OAK FOREST TRL TALLAHASSEE, FL 323125038	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD MONTPELLIE, ROBERT F 5126 RUTHENIA RD TALLAHASSEE, FL 323057571	Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	nA ≟E æ	SENIOR WARDEN (D) Change Addition Stevenson Word 365 Bob White Tr1 Monticello FL 32344-6310				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD FAGLIE, RAY H 545 W LAKE RD MONTICELLO, FL 323445651	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	JU ol 37	NIOR WARD hn Philli Indian H	EN p Shea Hills R	(D) ley, S d	Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	T GEBHARD, JOHN CHARLES 25228 W. WASHINGTON ST. MONTICELLO, FL 32344	☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP		nticello	rt sas	44-56		☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHEALEY, JOHN PHILLIP SR. 39 INDIAN HILLS RD. MONTICELLO, FL 323445855	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	. Po 8 549	JRETARY 4 Hansel   5 W Lake   16 cello	Rd	•	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP			— · - · - · · · · · · · ·		Change	☐ 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 chapter 617, Florida Statutes.

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE OF TRUSTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description of the receiver of trustee empowered to execute inis report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE:

SIGNATURE:

Date

Date