


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90021 007 \*\*\*\*61.25

<b>DOCUMENT # C10226</b> 1. Entity Name WOODSTOCK PARK LODGE NO. 313 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 23-7161313	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 <span style="float: right;">FL</span> 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 <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, DOUGLAS A		NAME	Michael Leebove	
STREET ADDRESS	11025 W. BEAVER ST.		STREET ADDRESS	P O Box 380111 N/A	
CITY-ST-ZIP	JACKSONVILLE, FL 322202191		CITY-ST-ZIP	Grandin FL 32138-0111	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEEBOVE, MICHAEL		NAME	Paul Andrew Coward	
STREET ADDRESS	341 WILDBERRY CT.		STREET ADDRESS	3477 Excalibar Way E	
CITY-ST-ZIP	ORANGE PARK, FL 320732254		CITY-ST-ZIP	Jacksonville FL 32223-8787 <input type="checkbox"/> Addition	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COWARD, PAUL A		NAME	William Keith Howard	
STREET ADDRESS	3477 EXCALIBAR WAY EAST		STREET ADDRESS	7586 Pierce Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 322238787		CITY-ST-ZIP	Glen Saint Marys FL 32040-4023	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SECRETARY (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELBERT, CARL LEWIS		NAME	Donald Hubbard Jr	
STREET ADDRESS	3869 HOLLINGSWORTH ST		STREET ADDRESS	P O Box 1531 N/A	
CITY-ST-ZIP	JACKSONVILLE, FL 322058905		CITY-ST-ZIP	Hilliard FL 32046-1531	
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
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 exemption stated in Section 119.07(3)(i), 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. <i>Donald Hubbard, Jr.</i>					
SIGNATURE: <i>Don Hubbard</i>			SECRETARY 03-31-05 904-879-9393		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		