


- 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90142 043 ****61.25

DOCUMENT # C10229

1. Entity Name
 EAST HILL LODGE NO. 310 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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03232005 Chg-NP CR2E037 (10/03)

4. FEI Number
 23-7164842 Applied For
 Not Applicable

5. Certificate of Status Desired \$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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DIRECTORS

TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	FRANCIS, BRUCE A	
STREET ADDRESS	3815 DURANGO DR.	
CITY-ST-ZIP	PENSACOLA, FL 325098404	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	MABRY, WILLIAM G	
STREET ADDRESS	1811 E. DESOTO ST.	
CITY-ST-ZIP	PENSACOLA, FL 325013512	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	GILES, OLEN G	
STREET ADDRESS	2200 N. 61ST AVE.	
CITY-ST-ZIP	PENSACOLA, FL 325063238	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MIDDLETON, WILLIAM M	
STREET ADDRESS	4216 CROYDON RD	
CITY-ST-ZIP	PENSACOLA, FL 325146814	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KIRTLEY, CARL G	
STREET ADDRESS	9807 LOQUAT DRIVE	
CITY-ST-ZIP	PENSACOLA, FL 325066117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Gregory Mabry	
STREET ADDRESS	1811 E Desoto St	
CITY-ST-ZIP	Pensacola FL 32501-3512	
TITLE	SENIOR WARDEN (D)	Change <input checked="" type="checkbox"/> Addition
NAME	David Earl Bailey Jr	
STREET ADDRESS	P O Box 17697 N/A	
CITY-ST-ZIP	Pensacola FL 32522-7697	
TITLE	JUNIOR WARDEN (D)	Change <input checked="" type="checkbox"/> Addition
NAME	Michael Alan Yarbrough	
STREET ADDRESS	4016 E Johnson Ave	
CITY-ST-ZIP	Pensacola FL 32514-6826	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Carl G. Kirtley **CARL G. KIRTLEY, SECRETARY** 4/12/05 (850) 452-7459
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #