


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90022 016 \*\*\*\*61.25

<b>DOCUMENT # C10232</b> 1. Entity Name <b>ARLINGTON LODGE NO. 309 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>		
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 <b>59-0856048</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD HUNTRESS, JAMES WALTER 1349 N. PEARL STREET JACKSONVILLE, FL 32206</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD WARDEN, MICHAEL GLEN 13206 LIAHANA LN JACKSONVILLE, FL 32225</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BODDEN, SR., THOMAS WAYNE 2456 CLEMSON ROAD JACKSONVILLE, FL 32217</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FUSSELL, ROBERT E SR 6730 RENEE TER JACKSONVILLE, FL 32216</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD KIMBERLY, CECIL G 4418 CHARTER POINT BLVD JACKSONVILLE, FL 32277</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
			11. <b>WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>Michael Glen Worden</b> <b>13206 Liahana Ln</b> <b>Jacksonville FL 32225-3162</b>		
			11. <b>JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition</b> <b>William Edward Jones</b> <b>3229 Starratt Rd</b> <b>Jacksonville FL 32226-1316</b>		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
			<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: <i>Robert E. Fussell, Sr</i> Robert E. Fussell 3/17/06 (904) 724-8093</b>					