

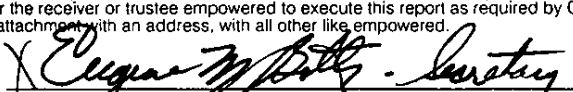


FILED
Apr 04, 2007 8:00 am
Secretary of State

4UU4JJJO

DOCUMENT # C10235				State of Florida	
1. Entity Name AMELIA LODGE NO. 47 FREE AND ACCEPTED MASONS OF FLORIDA				04-04-2007 90168 013 ****61.25	
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		40043000	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 23-7526356	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STURGES, DANIEL DAVID		NAME		
STREET ADDRESS	1500 LEON ST		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 320342416		CITY-ST-ZIP		
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ERICKSON, TODD STEWART		NAME	Worshipful Master (D) Change	
STREET ADDRESS	1919 SUNRISE DR		STREET ADDRESS	Todd Stewart Erickson	
CITY-ST-ZIP	FERNANDINA BEACH, FL 320342		CITY-ST-ZIP	1919 Sunrise Dr	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	Senior Warden (D) Change	
NAME	AVILA, ORLANDO JOSE		NAME	Orlando Jose Avila	
STREET ADDRESS	85159 SAINT JOHN CT		STREET ADDRESS	85159 Saint John Ct	
CITY-ST-ZIP	YULEE, FL 320975651		CITY-ST-ZIP	Yulee FL 32097-5651	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Junior Warden (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CONSTANT, ALEXANDER E JR		NAME	William Powers Goldwire	
STREET ADDRESS	2162 LAKESIDE DR EAST		STREET ADDRESS	97189 Eagle Ln	
CITY-ST-ZIP	FERNANDINA BCH, FL 32034		CITY-ST-ZIP	Yulee FL 32097-3058	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMOS, CARL S		NAME		
STREET ADDRESS	865 DIANE DR		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOTTS, EUGENE MARION		NAME		
STREET ADDRESS	389 OTTER RUN DR		STREET ADDRESS		
CITY-ST-ZIP	FERNANDINA BEACH, FL 320343036		CITY-ST-ZIP		
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.					
SIGNATURE: 		MARCH 13, 2007 261-6394			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			