## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Apr 16, 2004 8:00 am Secretary of State DOCUMENT # C10241 04-16-2004 90063 040 \*\*\*\*61.25 1. Entity Name THE BUILDERS LODGE NO. 376 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address **94899000**T C/O ROY CONNOR SHEPPARD C/O ROY CONNOR SHEPPARD 220 OCEAN ST 220 OCEAN ST JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1760809 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHEPPARD, ROY CONNOR Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN ST JACKSONVILLE, FL 32202 City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. WMD TITLE (E) Change Addition Delete WORSHIPFUL MASTER TITLE LANG, ROBERT P NAME NAME Jerry Jospeh Russell STREET ADDRESS STREET ADDRESS 834 OAK VISTA DR 8345 Brandies Ct SARASOTA, FL 342321706 CITY-ST-ZIP CITY-ST-ZIP Saraiota FL 34243-4313 ☐ Change **Z**Delete Addition TITLE TITLE SENIOR WARDEN RUSSELL, JERRY J NAME NAME 8345 BRADIES CT STREET ADDRESS Michael J Swatek STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34243 1002 28th Avenue Dr E Bradenton FL 34208-3938 (Change) Delete\_\_\_ TITLE KRAKOW DIETER E NAME NAME STREET ADDRESS 4874 HAMLETS GROVE DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME CLADIN, DAVID G 2169 MAIN ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 342373823 CITY-ST-ZIP TITLE ☐ Change [ ] Addition ☐ Delete TITLE SMITH, DERL B NAME NAME STREET ADDRESS 5694 HALIFAX DR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 342333339 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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. Der / By Smith

CITY-ST-ZIE

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR