
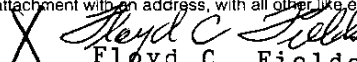


FILED
Apr 18, 2006 8:00 am
Secretary of State

DOCUMENT # C10254						Secretary of State	
1. Entity Name HYDE PARK LODGE NO. 370 FREE AND ACCEPTED MASONS OF FLORIDA				04-18-2006 90070 023 ****61.25			
Principal Place of Business 220 OCEAN ST JACKSONVILLE, FL 32202 US				Mailing Address 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			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
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.				FL Zip Code			
SIGNATURE				DATE			
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	SWD	<input checked="" type="checkbox"/> Delete		TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAUNDERS, THEODORE H			NAME	Theodore Henry Saunders		
STREET ADDRESS	2028 BUNTING DR			STREET ADDRESS	2028 Bunting Rd		
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	Jacksonville FL 32210-2920		
TITLE	WMD	<input checked="" type="checkbox"/> Delete		TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> <input type="checkbox"/> Addition		
NAME	MARTINO, DAVID JOSEPH			NAME	George Mark Ackley		
STREET ADDRESS	2936 STONEGATE LN			STREET ADDRESS	1955 Jammet Rd		
CITY-ST-ZIP	MIDDLEBURG, FL 32068			CITY-ST-ZIP	Jacksonville FL 32210-2871	<input type="checkbox"/> Addition	
TITLE	JWD	<input checked="" type="checkbox"/> Delete		TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> <input type="checkbox"/> Addition		
NAME	ACKLEY, GEORGE M			NAME	William Lee Wilson		
STREET ADDRESS	1955 JAMMES RD			STREET ADDRESS	5122 Birkenhead Rd		
CITY-ST-ZIP	JACKSONVILLE, FL 322102953			CITY-ST-ZIP	Jacksonville FL 32210-4002	<input type="checkbox"/> Addition	
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCQUAIG, CARROLL ALAN			NAME			
STREET ADDRESS	5615 CATOMA ST.			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 322442217			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIELDS, FLOYD C			NAME			
STREET ADDRESS	331 BLAKE AVE			STREET ADDRESS			
CITY-ST-ZIP	ORANGE PARK, FL 32073			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:  Floyd C. Fields				3-9-06 904-264 6773			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			