


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90138 036 \*\*\*\*61.25

<b>DOCUMENT # C10257</b> 1. Entity Name <b>CALLAWAY LODGE NO. 369 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>23-7526580</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent 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.				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>
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD</b> <input checked="" type="checkbox"/> Delete <b>PETERSON, GRADY C JR</b> <b>202 S. JAN DR</b> <b>PANAMA CITY, FL 324047924</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD</b> <input checked="" type="checkbox"/> Delete <b>THORNTON, WILLIAM J</b> <b>4523 N. LAKEWOOD DR.</b> <b>PANAMA CITY, FL 324046616</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>WAZLAVEK, ROBERT HAROLD</b> <b>1519 CEDAR AVE.</b> <b>PARKER, FL 324047302</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD</b> <input checked="" type="checkbox"/> Delete <b>SISTRUNK, RICHARD C</b> <b>2427 BREEZY LANE</b> <b>PANAMA CITY, FL 32405</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>CUTLER, ROBERT H</b> <b>8080 S GAY AVE</b> <b>PANAMA CITY, FL 32404</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>WORSHIPFUL MASTER (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>William J Thornton</b> <b>4523 N Lakewood Dr</b> <b>Panama City FL 32404-6616</b>					
<b>SENIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Addition <b>Ronald Lee Langston</b> <b>6031 Lance St</b> <b>Panama City FL 32404-8265</b>					
<b>JUNIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Addition <b>James Freeman Thomas</b> <b>3538 O-St.</b> <b>Panama City FL 32404-2022</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:</b> <i>William J Thornton</i> <b>William J. Thornton</b> <b>3-7-06</b> <b>904-354-2339</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50006915**



02062006 Chg-NP CR2E037 (11/05)

**FL** Zip Code