## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Mar 27, 2006 8:00 am Secretary of State DOCUMENT # C10259 03-27-2006 90283 039 \*\*\*\*61.25 1. Entity Name BRADFORD LODGE NO. 35 FREE AND ACCPETED MASONS OF FLORIDA Principal Place of Business Mailing Address でんれかするすい 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. 02012006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 23-7526346 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN ST Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32202 $\hat{\mathcal{Y}}^{r}$ Zip Code F١ ે દે 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 WMD WORSHIPFUL MASTER TITLE Delete TITLE (□) □ Change Addition | CAMACHO, FRANCISCO T NAME NAME Serold Anthony Anderson PO BOX 245 STREET ADDRESS STREET ADDRESS 9800 SW 139th Way CITY-ST-ZIP LAWTEY, FL 320910245 CITY-ST-ZIP Starke FL 32091-5987 TITLE SWD Delete TITLE (D) '-- 'hange Addition SENIOR WARDEN BROWN, GORDON D NAME NAME Thomas Ronald Ratliff PO BOX 1303 STREET ADDRESS STREET ADDRESS 20984 NW 95th Ln CITY-ST-ZIP STARKE, FL 320911303 CITY-ST-ZIP Starke FL 32091-5074 JWD \_\_\_ Change TITLE Delete TITLE GRIFFITH, MARK W JUNIOR WARDEN NAME NAME STREET ADDRESS 6775 NW 180TH ST STREET ADDRESS Thomas Michael Erickson CITY-ST-ZIP STARKE, FL 320915828 CITY-ST-ZIP 17569 NW State Rd 16 TITLE ☐ Delete TITLE Change ☐ Addition Starke FL 32091-8148 NAME MAHONEY, MORRIS D JR NAME 1213 W BLANDING ST STREET ADDRESS STREET ADDRESS STARKE, FL 320912405 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

SIGNATURE:

TD

PO BOX 173

WESTCOTT, WALTER E JR

STARKE, FL 320910173

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ICER OF DIRECTOR

☐ Delete

3.13.04

☐ Addition

☐ Addition

Change

FILED

MORRIS D. MAHONEY