2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # C10266 1. Entity Name 1 AKE BITTLER LODGE NO. 52 FREE AND ACCEPTED

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90283 032 ****61.25

MASONS OF FLORIDA								
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		ıc		~	- 0	
MUNDONVILL	E, FL 32202 U3	JACKSONVILLE, F	L 32202 U	JŞ				
2. Principal P	tace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02012006	Chg-NP CF	R2E037 (11/05)	•
City & State		City & State			4. FEI Number Applied For 23-7526361 Not Applied For			Applied For Not Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of	Status Desired	\$8.75 ^	dditional
	6. Name and Address of Current F	Registered Agent			7. Name and Ad	dress of New Regist	tered Agent	
SHEPPAR	D, ROY CONNOR			Name				
220 OCEA	N STREET VILLE, FL 32202			Street Address (P.O. Box Number i	s Not Acceptable)		
	,		·	City			FL Zip Co	ode
	named entity submits this statement for ions of registered agent.	the purpose of chang	ing its registere	d office or register	red agent, or both,	in the State of Florida.	. I am familiar wit	h, and accept
SIGNATURE .	Signature, typed or printed name of registered agent to	nd title if applicable.	(NOTE: Registered		when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election	on Campaign Fi Fund Contribution	inancing	\$5.00 May Be Added to Fees		check payable Department of	
10.	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Trust I	on Campaign Fi Fund Contributio	inancing on.	ADDITIONS/CHAN	Florida I	Department of ND DIRECTORS	State IN 10
TITLE	Filing Fee Is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election	on Campaign Fi Fund Contributio	inancing on. WOF	ADDITIONS/CHAN	Florida I GES TO OFFICERS A MASTER	Department of	State IN 10
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Thereby 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.

GNATURE:

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER BUTLER LODGE 652, F. 83.19.6

STATURE STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER BUTLER, FL. 32054

Date

Daysine Phone * SIGNATURE:

Secutary