
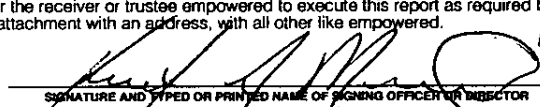


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90143 029 \*\*\*\*61.25

<b>DOCUMENT # C10269</b>					
1. Entity Name MICANOPY LODGE NO. 29 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 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		4. FEI Number 23-7526342	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEE, TIMOTHY R		NAME	Hugh Daniel Rosser	
STREET ADDRESS	PO BOX 454		STREET ADDRESS	P O Box 357 N/A	
CITY-ST-ZIP	MC INTOSH, FL 32664		CITY-ST-ZIP	McIntosh FL 32664-0357	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSER, HUGH D		NAME	Mack HERRIN	
STREET ADDRESS	PO BOX 357		STREET ADDRESS	P O Box 646 N/A	
CITY-ST-ZIP	MC INTOSH, FL 32664		CITY-ST-ZIP	McIntosh FL 32664-0646	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRIN, MACK		NAME	Fred Thomas Hays	
STREET ADDRESS	PO BOX 646		STREET ADDRESS	7836 W Highway 318	
CITY-ST-ZIP	MC INTOSH, FL 32664		CITY-ST-ZIP	Reddick FL 32686-2644	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRANGE, JAMES R JR		NAME	Russell Daniel Woodard	
STREET ADDRESS	P.O. BOX 101		STREET ADDRESS	P O Box 237 N/A	
CITY-ST-ZIP	MC INTOSH, FL 32664		CITY-ST-ZIP	Micanopy FL 32667-0837	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Kurt Foster Merritt	
STREET ADDRESS			STREET ADDRESS	15610 S County Rd 385	
CITY-ST-ZIP			CITY-ST-ZIP	Cross Creek FL 32640-7832	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		
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 exemption stated in Section 119.07(3)(f), 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: 		Kurt Merritt		4/5/05 352 466 0890	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	