


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90026 004 ****61.25

DOCUMENT # C10269

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

00022962



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02012006 Chg-NP CR2E037 (11/05)

4. FEI Number
23-7526342

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

- 6. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

I, 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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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 NAME STREET ADDRESS CITY-ST-ZIP	WMD ROSSER, HUGH D PO BOX 357 MC INTOSH, FL 32664 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kurt Foster Merritt 15510 S County Rd 325 Cross Creek FL 32640-7833
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD HERRIN, MACK PO BOX 646 MC INTOSH, FL 32664 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Fred Thomas Hays 7838 W Highway 318 Reddick FL 32686-2644 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD HUGH, FRED T 7838 W HIGHWAY 318 REDDICK, FL 32686 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Marvin Rodney Davis 7415 SW 135th Ter Archer FL 32618-2947 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODARD, RUSSELL D P O BOX 237 MICANOPY, FL 32667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input checked="" type="checkbox"/> Addition Cary Grant McCollum P O Box 328 N/A McIntosh FL 32664-0328 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MERRITT, KURT 15510 S COUNTY RD 325 CROSS CREEK, FL 32640 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: *Cary Grant McCollum* **3-9-06** **904-354-2339**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #