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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

Mar 27, 2006 8:00 am Secretary of State **DOCUMENT # C10270** 03-27-2006 90283 031 ****61.25 FRIENDSHIP LODGE NO. 53 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 US LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-1794643 Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEPPARD, ROY CONNOR Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET JACKSONVILLE, FL 32202 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. (i) Change TITLE Delete TITLE JUNIOR WARDEN NAME SAUBAGEAU, RUSS R NAME Leroy Frederick Fink 10701 SW 100TH AV E STREET ADDRESS STREET ADDRESS 4750 NE 23rd Ave OCALA, FL 34481 CITY-ST-ZIP CITY-ST-ZIP Ocala FL 34479-2041 Defete ☐ Change TITLE SECRETARY GRABBE, DON P NAME MAKE Raiph Richard ShollembergerSr STREET ADDRESS 9850 HWY 40 E STREET ADDRESS CITY-ST-ZIP INGLIS, FL 34449 CITY-ST-ZIP 19640 SW 57th Pl Dunnellon FL 34431-4608 ☐ Delete TITLE ☐ Addition TITLE BURTON, FRED NAME NAME STREET ADDRESS 3441 S PINE AV E STREET ADDRESS CITY-ST-7/P OCALA, FL 34471 CITY-ST-ZIP TIT1 F □ Delete TITLE □ Спапое ☐ Addition NAME FRANELL, ROBERT F SR NAME STREET ADDRESS 12365 NW 7TH PL STREET ADDRESS CITY-ST-ZIP OCALA, FL 34482 CITY-ST-ZIP TITLE Delete TITLE Change Change Addition GRABBE, DON PHILLIP NAME NAME STREET ADDRESS 9850 HWY 40 EAST STREET ADDRESS CITY-ST-ZIP INGLIS, FL 344493672 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP 12. I hereby certify that the information supplied with this filling 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. **Raiph Shollen berger, Sr.**

FILED

?(2-867-8628

Davtime Phone #