


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-26-2005 90143 028 ****61.25

DOCUMENT # C10271					
1. Entity Name GREENVILLE LODGE NO. 28 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7526341	
Applied For		Not Applicable			
Zip	Country	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 STREET 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	WM	<input type="checkbox"/> Delete	TITLE	TREASURER	(0) <input checked="" type="checkbox"/> Addition
NAME	LEE GINN, RONNIE		NAME	James R Scarborough	
STREET ADDRESS	3560 NW US 221		STREET ADDRESS	P O Box 333 N/A	
CITY-ST-ZIP	GREENVILLE, FL 323314528		CITY-ST-ZIP	Greenville FL 32331-0333	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Addition
NAME	HUTTO, DARROW E		NAME		
STREET ADDRESS	P.O. BOX 308 N/A		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE, FL 323310147		CITY-ST-ZIP		
TITLE	SWD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERROD, JAMES ZORN		NAME		
STREET ADDRESS	P.O. BOX 596, N/A		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE, FL 32331		CITY-ST-ZIP		
TITLE	JWD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BOBBY J		NAME		
STREET ADDRESS	RR 2 BOX 160		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE, FL 323319514		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE GINN, RICKEY		NAME		
STREET ADDRESS	539 NW HONEY LAKE RD.		STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE, FL 323319310		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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: <i>Darrow E. Hutto Secy</i>		Date: <i>04/01/05</i>		Daytime Phone #: <i>869484431</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	