


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-27-2006 90283 041 \*\*\*\*61.25

<b>DOCUMENT # C10271</b> 1. Entity Name <b>GREENVILLE LODGE NO. 28 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>				Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>23-7526341</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WM</b> <b>LEE GINN, RONNIE</b> <input checked="" type="checkbox"/> Delete <b>3560 NW US 221</b> <b>GREENVILLE, FL 323314528</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WORSHIPFUL MASTER (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John Wiley Sirmon</b> <b>5490 NW Honey Lake Rd</b> <b>Greenville FL 32331-4040</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <input checked="" type="checkbox"/> Delete <b>HUTTO, DARROW E</b> <b>P.O. BOX 308 N/A</b> <b>GREENVILLE, FL 323310147</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY (D)</b> <input checked="" type="checkbox"/> Addition <b>Donald Wayne Love</b> <b>3848 Green Farm Rd</b> <b>Perry FL 32347-9058</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD</b> <input type="checkbox"/> Delete <b>SHERROD, JAMES ZORN</b> <b>P.O. BOX 596, N/A</b> <b>GREENVILLE, FL 32331</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER (D)</b> <input checked="" type="checkbox"/> Addition <b>Fountain Calvin Cone Jr</b> <b>4280 Johnson Strippling Rd</b> <b>Perry FL 32347</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD</b> <input type="checkbox"/> Delete <b>BROWN, BOBBY J</b> <b>RR 2 BOX 160</b> <b>GREENVILLE, FL 323319514</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>SCARBORO, JAMES</b> <b>P.O. BOX 333</b> <b>GREENVILLE, FL 323310333</b>			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.					
<b>SIGNATURE: <u>Donald W. Love</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>3-13-06 850-584-5098</b> <small>Date Daytime Phone #</small>	