



2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90121 002 ****61.25

DOCUMENT # C10276 1. Entity Name ELMER O. SMITH LODGE NO. 307 FREE AND ACCEPTED MASON 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			
Zip	Country	Zip	Country		
4. FEI Number 23-7184984				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET 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		
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)</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	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORRIS THOMAS, DALE		NAME	Dale Norris Thomas	
STREET ADDRESS	8213 101ST CT		STREET ADDRESS	8213 101st Cir N	
CITY-ST-ZIP	SEMINOLE, FL 337771836		CITY-ST-ZIP	Largo FL 33777-1836	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS, STEPHEN		NAME	William Albert Jarvis	
STREET ADDRESS	10855 HUSTON LANE		STREET ADDRESS	379 Tavernier Cir	
CITY-ST-ZIP	LARGO, FL 33774		CITY-ST-ZIP	Oldsmar FL 34677-4628	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALBERT JARVIS, WILLIAM		NAME	Remko Van Der Voordt	
STREET ADDRESS	379 TAVERNIER CIR		STREET ADDRESS	303 10th Ave	
CITY-ST-ZIP	OLDSMAR, FL 346774628		CITY-ST-ZIP	Indian Rocks Beach FL 33785-2870	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARD BOOTH, LLOYD		NAME	Danny Hayes Robinson	
STREET ADDRESS	5809 99TH TERR N		STREET ADDRESS	34185 Canal Dr	
CITY-ST-ZIP	PINELLAS PARK, FL 337823226		CITY-ST-ZIP	Pinellas Park FL 33781-2612	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	WAYNE LEWIS, CARL		NAME		
STREET ADDRESS	3227 KESWICK LANE		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES, FL 346397705		CITY-ST-ZIP		
TITLE			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)(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: <u>DALE N. THOMAS</u> <u>4/20/05</u> <u>727-524-4367</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					