


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90249 019 \*\*\*\*61.25

<b>DOCUMENT # C10276</b> 1. Entity Name <b>ELMER O. SMITH LODGE NO. 307 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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		
			<b>FL</b> 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) 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 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WM		TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORRIS THOMAS, DALE <input checked="" type="checkbox"/> Delete		NAME	William Albert Jarvis <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	8213 101ST CIR N		STREET ADDRESS	379 Tavernier Cir	
CITY-ST-ZIP	LARGO, FL 337771836		CITY-ST-ZIP	Oldsmar FL 34677-4628	
TITLE	SW		TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JARVIS, WILLIAM ALBERT <input checked="" type="checkbox"/> Delete		NAME	Remko Van Der Voordt	
STREET ADDRESS	379 TAVERNIER CIRCLE		STREET ADDRESS	303 10th Ave	
CITY-ST-ZIP	OLDSMAR, FL 346774628		CITY-ST-ZIP	Indian Rocks Beach FL 33785	
TITLE	JW		TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAN DER VOORDT, REMKO <input checked="" type="checkbox"/> Delete		NAME	William Leonard Woebse	
STREET ADDRESS	303 10TH AVE		STREET ADDRESS	115 112th Ave NE #826	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 337852870		CITY-ST-ZIP	Saint Petersburg FL 33716-3262 <input checked="" type="checkbox"/> Addition	
TITLE	SD		TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EDWARD BOOTH, LLOYD <input type="checkbox"/> Delete		NAME	Frank Richard Westberry Jr	
STREET ADDRESS	5809 99TH TERR N		STREET ADDRESS	6010 41st Ave N	
CITY-ST-ZIP	PINELLAS PARK, FL 337823226		CITY-ST-ZIP	Saint Petersburg FL 33709-5205 <input checked="" type="checkbox"/> Addition	
TITLE	T		TITLE		
NAME	ROBINSON, DANNY H <input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	34185 CANAL DR		STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK, FL 337812612		CITY-ST-ZIP		
TITLE			TITLE		
NAME	<input type="checkbox"/> Delete		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 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:</b> <u>W.A. Jarvis</u> <u>W.A. JARVIS</u> <u>3-6-06</u> <u>813-854-3164</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					