

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

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90188 043 \*\*\*\*61.25

<b>DOCUMENT # C10284</b>					
1. Entity Name ROBERT BUTLER LODGE NO. 305 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			
Zip	Country	Zip	Country	4. FEI Number 23-7377922	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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>					
<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 NAME ✓	WMD GROSS, NORMAN BARRY	<input checked="" type="checkbox"/> Delete	TITLE NAME	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1909 SEMINOLE DRIVE		STREET ADDRESS	Albert Randall Agerton	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	2646 Oak Forrest Trl	
				Tallahassee FL 32312-5037	
TITLE NAME ✓	SWD AGERTON, ALBERT RANDALL	<input checked="" type="checkbox"/> Delete	TITLE NAME	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	8646 OAK FORREST TRAIL		STREET ADDRESS	William L Broome	
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP	8629 Oak Forest Trail	
				Tallahassee FL 32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ✓	JWD MILLER, WILLIAM R.	<input checked="" type="checkbox"/> Delete	TITLE NAME	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	25 STEELE STREET		STREET ADDRESS	Norman Barry Gross	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP	1909 Seminole Dr	
				Tallahassee FL 32301-5730	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ✓	TD LAMPLE, MICHAEL L	<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS	1628 SILVER LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE NAME ✓	SD STALLINGS, DANIEL L	<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS	1361 E LAFAYETTE ST		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE 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.					
SIGNATURE: <i>Daniel L Stallings</i>			Date: 4-11-06 Daytime Phone #: 904-354-2339		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					