


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90015 048 ****61.25

DOCUMENT # C10284	
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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

30030661



02092007 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7377922		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		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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

Filing Fee is \$61.25 Due by May 1, 2007	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	WMD <input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGERTON, ALBERT R	NAME	Albert Randall Agerton
STREET ADDRESS	8646 OAK FOREST TRL	STREET ADDRESS	8646 Oak Forrest Trl
CITY-ST-ZIP	TALLAHASSEE, FL 323125037	CITY-ST-ZIP	Tallahassee FL 32312-5037
TITLE	SWD <input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOME, WILLIAM L	NAME	William L Broome
STREET ADDRESS	8629 OAK FOREST TRL	STREET ADDRESS	8629 Oak Forest Trl
CITY-ST-ZIP	TALLAHASSEE, FL 32312	CITY-ST-ZIP	Tallahassee FL 32312-5038
TITLE	JWD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSS, NORMAN B	NAME	
STREET ADDRESS	1909 SEMINOLE DR	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 323015730	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPLE, MICHAEL L	NAME	Michael Louis Lample
STREET ADDRESS	1628 SILVER LAKE RD	STREET ADDRESS	1628 Silver Lake Rd
CITY-ST-ZIP	TALLAHASSEE, FL 32303	CITY-ST-ZIP	Tallahassee FL 32310-4407
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STALLINGS, DANIEL L	NAME	Larry Lee Parish
STREET ADDRESS	1361 E LAFAYETTE ST	STREET ADDRESS	1216 Sedgewick Rd
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	Tallahassee FL 32311-2512
TITLE	<input type="checkbox"/> Delete	TITLE	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Donald Eugene Downing
STREET ADDRESS		STREET ADDRESS	4000 McLeod Dr
CITY-ST-ZIP		CITY-ST-ZIP	Tallahassee FL 32303-7118

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>Donald E. Downing</i> 3/13/07		Donald E. Downing 4000 McLeod Dr. Tallahassee, FL 32303-7118	850-562-4575 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			