
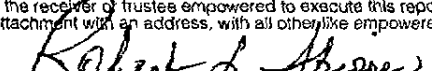


**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # C10285</b>						<b>Secretary of State</b>	
<b>1. Entity Name</b> GRACEVILLE LODGE NO. 284 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</b>				<b>3. Mailing Address</b>			
Suite, Apt #, etc.				Suite, Apt #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
				<b>4. FEI Number</b> 23-7526510		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			
<b>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.</b>							
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____							
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>				<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <input checked="" type="checkbox"/> <b>NAME</b> <input type="checkbox"/> <b>DELETE</b>				<b>TITLE</b> <input type="checkbox"/> <b>NAME</b> <input type="checkbox"/> <b>DELETE</b>			
WMD CLIFTON BELL, CHARLIE 1130 SELMA CHURCH RD GRACEVILLE, FL 32440				000000482025 04/11/06-80059-005 61.25			
<b>TITLE</b> <input checked="" type="checkbox"/> <b>NAME</b> <input type="checkbox"/> <b>DELETE</b>				<b>TITLE</b> <input type="checkbox"/> <b>NAME</b> <input type="checkbox"/> <b>DELETE</b>			
SWD SKIPPER, RANDY L P.O. BOX 220 NOMA, FL 324520074				OK			
<b>TITLE</b> <input checked="" type="checkbox"/> <b>NAME</b> <input type="checkbox"/> <b>DELETE</b>				<b>TITLE</b> <input type="checkbox"/> <b>NAME</b> <input type="checkbox"/> <b>DELETE</b>			
JWD DALE MCSWAIN, JULIUS 947 11TH AVE GRACEVILLE, FL 32440							
<b>TITLE</b> <input checked="" type="checkbox"/> <b>NAME</b> <input type="checkbox"/> <b>DELETE</b>				<b>TITLE</b> <input type="checkbox"/> <b>NAME</b> <input type="checkbox"/> <b>DELETE</b>			
TD SKIPPER, GEORGE T PO BOX 52 NOMA, FL 324520052							
<b>TITLE</b> <input checked="" type="checkbox"/> <b>NAME</b> <input type="checkbox"/> <b>DELETE</b>				<b>TITLE</b> <input type="checkbox"/> <b>NAME</b> <input type="checkbox"/> <b>DELETE</b>			
SD LAWSON SKIPPER, ROBERT P.O. BOX 74 NOMA, FL 324520074							
<b>TITLE</b> <input type="checkbox"/> <b>NAME</b> <input type="checkbox"/> <b>DELETE</b>				<b>TITLE</b> <input type="checkbox"/> <b>NAME</b> <input type="checkbox"/> <b>DELETE</b>			
<b>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>							
<b>SIGNATURE:</b>  <b>Robert L. Skipper</b>				<b>3-10-06</b> <b>80-263-3323</b>			
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>				<b>Date</b> <b>Daytime Phone if</b>			