## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # C10287



Apr 12, 2005 8:00 am Secretary of State

**FILED** 

SEMINOLE LODGE NO. 304 FREE AND ACCEPTED MASONS OF FLORIDA						04-12-2005 90126 047 ****61.25					
C/O ROY CONNOR SHEPPARD 220 OCEAN ST. 22			220 OCEAN ST.	C/O ROY CONNOR SHEPPARD			RII ADIID IIZZI IDIKI USU	8181  <b>8</b> 181  828	81811 81814 <b>8</b> 18	DJ11 <b>4</b> 7 <b>81 18 8</b> 1	
2. Principal Place of Business 3. Ma			3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03232005	Chg-NP	CR2E03	7 (10/03)		
City & State			City & State			4. FEI Number 59-18852	254		<del></del>	oplied For ot Applicable	
Zip		Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add		
<ul> <li>6. Name and Address of Current Register</li> </ul>			Registered Agent				7. Name and Address of New Registered Agent				
CHEDDAG	ים הסער	: CONNOD		Name							
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL. 32202					Street Address (P.O. Box Number is Not Acceptable)						
37.07.001.		,									
				City				Zip Cod	le		
	e named entit tions of regist	y submits this statement for tered agent.	the purpose of changing	its registered office o	r register	ed agent, or both,	in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE		g ger									
	Signature, typeo	for printed name of registered agent a	nd title if applicable. (N	OTE: Registered Agent signat	THE LECTION BUT	when rainstating)		DATE			
	Filing Fe	ee is \$61.25	9. Election C	OTE: Registered Agent signat Campaign Financing d Contribution.		\$5.00 May Be Added to Fees	I	lake check			
10	Filing Fe	ee is \$61.25 Aay 1, 2005	9. Election C Trust Fund	campaign Financing d Contribution.	0	\$5.00 May Be Added to Fees	Flor	lake check ida Depart	ment of S	tat <del>e</del>	
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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 abdress, with an other like empowered.

SIGNATURE: Soul S MATURE PAUL S MATURE E SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.28-05

954-612-3175