2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10287

1. Entity Name SEMINOLE LODGE NO. 304 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business Mailing Address
C/O ROY CONNOR SHEPPARD
220 OCEAN ST. 220 OCEAN ST.

FILED Mar 29, 2006 8:00 am Secretary of State

03-29-2006 90123 021 ****61.25

50007114

C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US) }				
2. Principal Place of Business 3.			i. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			006 Chg-NP	CR2E037 (11/0	5)	
City & State			City & State		4. FEI N 59-	umber 1885254		Applied For Not Applicable	
Zip	C	ountry	Zip	Country	5. Certif	icate of Status Desire	d 🗆 \$8.75	Additional uired	
	6. Name and A	Address of Current Reg	sistered Agent		7. Name and Address of New Registered Agent				
SHEPPARD, ROY CONNOR				Name					
220 OCEAN STREET JACKSONVILLE, FL 32202				Street Address		s (P.O. Box Number is Not Acceptable)			
	,			City			FL Zip	Code	
	named entity subnitions of registered a		e purpose of changing its r	registered office or	registered agent, o	or both, in the State of	f Florida. I am familiar v	vith, and accept	
SIGNATURE .	Signature, typed or printe	ed name of registered agent and t	itle if applicable. (NOTE:	Registered Agent signatur	re required when reinstati	ng)	DATE		
Filing Fee is \$61.25 Due by May 1, 2006				Selection Campaign Financing Trust Fund Contribution.			Make check payab Florida Department c		
10. OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
10.		OFFICERS AND DIREC	TORS	11.					
TITLE '	WMD		TORS Delete	TITLE	WORSHIF	FUL MASTE			
TITLE '	EWORT, JAME	ES S		TITLE NAME	WORSHIF Blandi	PFUL MASTE Turku	ER (D) Chai		
TITLE '	EWORT, JAME P.O. BOX 5482	ES S	☐ Delete	TITLE	WORSHIF Blendi 195 SE	PFUL MASTE Turku 2nd St (i	ER (D) Chai Lower Apt) 33004-3602	nge Addition	
TITLE NAME STREET ADDRESS	EWORT, JAME P.O. BOX 5482 FORT LAUDER SWD	ES S 2 RDALE, FL 33310548	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	-WORSHIF Blendi 195 SE Dania I	PFUL MASTE Turku 2nd St (1 3each FL)	ER (D) Chai Lower Apt) 33004-3602	nge Addition	
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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 his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attantion with an address, with all other like impowered. Paul 5. Maturs e.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME DESIGNING OFFICER OR DIRECTOR

3-9-06

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