

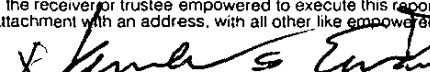


03-23-2007 90015 047 \*\*\*\*61.25

<b>DOCUMENT # C10287</b>						03-23-2007 90015 047 ****61.25	
1. Entity Name <b>SEMINOLE LODGE NO. 304 FREE AND ACCEPTED MASONS OF FLORIDA</b>							
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>				Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092007 Chg-NP CR2E037 (12/06)			
City & State		City & State		4. FEI Number <b>59-1885254</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	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			
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25 Due by May 1, 2007</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	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	WMD	TURKU, BLENDI	195 SE 2ND ST DANIA, FL 330043602				
	SWD	GALLO, GUY WILLIAM	235 NW 95TH TETT CORAL SPRINGS, FL 330717317				
	TD	LEE TALLMADGE, RONALD	5560 SW 2ND CT FORT LAUDERDALE, FL 333173571				
	JWD	CALDERON-SEGURA, ALVARO RENATO	2306 JOHNSON 3914 HOLLYWOOD, FL 330203915				
	SD	MATURSE, PAUL S	1450 SW 71ST AVE FORT LAUDERDALE, FL 33317				
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: 				James S. Ewart			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 3/12/07 Daytime Phone #: 954-563-3299			