
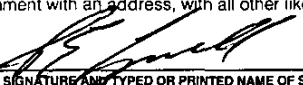


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90123 013 ****61.25

DOCUMENT # C10288 1. Entity Name NORTHSIDE LODGE NO. 283 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32205			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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>					
Filing Fee is \$61.25 Due by May 1, 2005		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	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARP, JW		NAME	Jon William Bennett	
STREET ADDRESS	650 34TH ST. N		STREET ADDRESS	1036 Pinellas Point Dr S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 337139027		CITY-ST-ZIP	Saint Petersburg FL 33705-6161	
TITLE	SWD <input checked="" type="checkbox"/> Delete		TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME	WILLIAM BENNETT, JON		NAME	John Paul Burrell	
STREET ADDRESS	1036 PINELAS POINT DR. S		STREET ADDRESS	5402 9th Ave S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 337056161		CITY-ST-ZIP	Gulfport FL 33707-2556	
TITLE	SD <input checked="" type="checkbox"/> Delete		TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PITTS, CLAUDE VERNON III		NAME	Roger Dale Scites	
STREET ADDRESS	P.O. BOX 7067 N/A		STREET ADDRESS	11538 7th Ln N #1303	
CITY-ST-ZIP	ST PETERSBURG, FL 337347067		CITY-ST-ZIP	Saint Petersburg FL 33716-2612	
TITLE	JWD <input checked="" type="checkbox"/> Delete		TITLE		
NAME	BURRELL, JOHN PAUL		NAME		
STREET ADDRESS	5402 9TH AVE. S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 337072556		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TYRRELL, ROY EDMUND		NAME		
STREET ADDRESS	11511 113TH ST.		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 337783000		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOWLER, MARK ALFRED SR.		NAME		
STREET ADDRESS	1235 FAIRWAY CIR. S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 337054652		CITY-ST-ZIP		
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 address, with all other like empowered.					
SIGNATURE:  ROY E. TYRRELL 4-1-05 727-481-0132					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					