

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90012 028 \*\*\*\*61.25

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02072006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # C10288</b> 1. Entity Name <b>NORTHSIDE LODGE NO. 283 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6274009</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32205</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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, 2006</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>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD</b> <b>BENNETT, JON WILLIAM</b> <b>1036 PINELLAS POINT DR S</b> <b>SAINT PETERSBURG, FL 337056161</b>		<b>WORSHIPFUL MASTER (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John Paul Burrell</b> <b>5402 9th Ave S</b> <b>Gulfport FL 33707-2556</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD</b> <b>BURRELL, JOHN PAUL</b> <b>5402 9TH AVE S</b> <b>GULFPORT, FL 337072556</b>		<b>SENIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Roger Dale Scites</b> <b>11538 7th Ln N #1303</b> <b>Saint Petersburg FL 33714-2015</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JW</b> <b>SCITES, ROGER DALE</b> <b>11538 7TH LN N #1303</b> <b>SAINT PETERSBURG, FL 337162612</b>		<b>JUNIOR WARDEN (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>James Lynwood Mann</b> <b>2025 57th Ave N</b> <b>Saint Petersburg FL 33714-2015</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>TYRRELL, ROY EDMUND</b> <b>11511 113TH ST.</b> <b>LARGO, FL 337783000</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>FWLER, MARK ALFRED SR.</b> <b>1235 FAIRWAY CIR. S</b> <b>SAINT PETERSBURG, FL 337054652</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>SIGNATURE: <u>Claude Pitts</u> assit. Sect</b> <span style="float: right;"><b>4-18-06</b> <b>787-896-6032</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					