/2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # C10289

Principal Place of Business

SIGNATURE:

PLACID LODGE NO. 282 FREE AND ACCEPTED MASONS OF FLORIDA



Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 20, 2006 8:00 am Secretary of State

04-20-2006 90202 001 ****61.25

ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US			ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US					 					
2. Principal Place of Business			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02072006	Chg-NP	CR2E03	7 (11/05)			
City & State			City	/ & State		•		00 7500500			plied For t Applicable		
Zip Country			Zip			untry	ntry 5. Certificate of Status Desired				S8.75 Additional Fee Required		
	6. Name ar	nd Address of Current						7. Name and Address of New Registered Agent					
SHEPPAR 220 OCEA	D, ROY C N ST VILLE, FL 3				Street Address (P.O. Box Number is Not Acceptable)								
)		,		City				FL	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.													
,	ions of registers	ageni.		• •	• !	!							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
	Filing Fee Due by Ma		9. Election Campaign Financing Trust Fund Contribution.				- (: ·	\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	,	OFFICERS AND DIF	RECTORS	IND CH	ים ביו	IE WASTE	<u></u>	ND DIR	ECTORS IN	10			
NAME STREET ADDRESS CITY-ST-ZIP	WMD OSBORNE, 6048 OAK U SEBRING, F			Delete *	oi oi	irthu 28±C	¥ru	Stinson IX Rd. N Id Fl 3	. E.		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHERON, C	CHARLES DALTON AY DR IID, FL 338529313		Delete	i sr	35°Co	Art ve F	thur Mil			Change	⊠ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	101 5TH ST	S, PHILLIP REET ID, FL 33852		Delete	TITL NAW STRI CITY	EE * E * * * * * * * * * * * * * * * *	30 30	CRETAR LLIP M 3 BEAU KE PLA	ARGETT VILLES CID, FLA	5 T	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	341 MCCOY	LIFFORD M II / RD. FL 338756354		Delete :	g sid	₩111'i 547'EH	am F ighl	ARDEN Robert W Land Lak Lid FL 3	e Dr		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	AE EET ADDRESS (-ST-ZIP	t pag				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	ear.	Ralph 147si Lake	.Li ake Pla	ARDEN onel Mi Franci: cid FL :	s Drive 33852-6:	186	Change	Addition	
of the cor	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.												

March

15, 2066

863-699-6743