

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90021 005 ****61.25



DOCUMENT # C10290				1. Entity Name SUGARLAND LODGE NO. 281 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		4. FEI Number 23-7526507	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent		
Name			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.					
SIGNATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE					
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	D	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN	(D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYES, TEODORO H		NAME	Alvin Arridge	
STREET ADDRESS	224 DESOTO AVE		STREET ADDRESS	614 Sabal Ave	
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP	Clewiston FL 33440-5007	
TITLE	D	<input type="checkbox"/> Delete	TITLE	JUNIOR WARDEN	(D) <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMMONS, RICHARD L		NAME	Melvin Clarence Keen Jr	
STREET ADDRESS	135 OAK DR		STREET ADDRESS	P O Box 1241 N/A	
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP	Clewiston FL 33440-1241	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEALE, DAVID J		NAME		
STREET ADDRESS	PO BOX 861		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON, FL 334400861		CITY-ST-ZIP		
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM GIESE, DAVID		NAME		
STREET ADDRESS	605 W SAGAMORE AVE		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON, FL 334403515		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, WAYNE L		NAME		
STREET ADDRESS	PO BOX 751		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



03182005 Chg-NP CR2E037 (10/03)

Applied For Not Applicable

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

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: WAYNE L. WILKINS Wayne L Wilkins 7-30-05 904-354-2339
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #