

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90308 050 ****61.25

DOCUMENT # C10292

1. Entity Name
 IMPERIAL POLK LODGE NO. 345 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		03202004	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		23-7526559	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/>	\$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 STREET JACKSONVILLE, FL 32202				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	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
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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	RICE, DONALD R			NAME	Joe Allen Rice		
STREET ADDRESS	1720 E MAIN ST			STREET ADDRESS	Web Echo Pines Way		
CITY-ST-ZIP	LAKELAND, FL 33801			CITY-ST-ZIP	Lakeland FL 33813-4509		
TITLE	SWD	<input checked="" type="checkbox"/> Delete		TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICE, JOE A			NAME	John Charles Becker		
STREET ADDRESS	326 ECHO PINES WAY			STREET ADDRESS	5916 Spring Lake Dr		
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP	Lakeland FL 33811-1935	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	JWD	<input checked="" type="checkbox"/> Delete		TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RICE, JOE A			NAME	Larry Duane Preston Sr		
STREET ADDRESS	326 ECHO PINES WAY			STREET ADDRESS	7120 Davin St		
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP	Lakeland FL 33813-3623	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SECRETARY (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYNOLDS-MASTERS, JAMES			NAME	James Reynolds Masters		
STREET ADDRESS	3901 GARNET CT			STREET ADDRESS	4305 CREEKWOOD LANE		
CITY-ST-ZIP	MULBERRY, FL 33860			CITY-ST-ZIP	MULBERRY FL 33860-8536	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PERONTO, JOHN N			NAME			
STREET ADDRESS	5112 LAKE MIRIAM CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP			
TITLE	JWD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BECKER, JOHN			NAME			
STREET ADDRESS	5916 SPRING LAKE DR			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33811			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: *James R Masters* James R Masters 03-31-04 803-425-5984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #