


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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

04-12-2005 90126 039 ****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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7526559	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICE, JOE A			NAME	Donald Ray Rice
STREET ADDRESS	326 ECHO PINES WAY			STREET ADDRESS	1720 E Main St
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP	Lakeland FL 33801-2370
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS-MASTERS, JAMES			NAME	Matthew Martin Barwick
STREET ADDRESS	4305 CREEKWOOD LANE			STREET ADDRESS	703 Lake Eloise Place Dr
CITY-ST-ZIP	MULBERRY, FL 33860			CITY-ST-ZIP	Winter Haven FL 33884-3410
TITLE	TD	<input type="checkbox"/> Delete		TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition
NAME	PERONTO, JOHN N			NAME	Timothy Edgar Frye
STREET ADDRESS	5112 LAKE MIRIAM CIRCLE			STREET ADDRESS	2714 Deer Rock Ln
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP	Lakeland FL 33811-4000
TITLE	SWD	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	BECKER, JOHN			NAME	
STREET ADDRESS	5916 SPRING LAKE DR			STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33811			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: <i>James R Masters</i>				03-30-05 863-425-5984	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	