

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-20-2006 90190 032 ****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

40054943



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02062006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
23-7526559

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
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, 2006

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 DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD RICE, DONALD RAY 1720 E MAIN ST LAKELAND, FL 338012370	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYNOLDS-MASTERS, JAMES 4305 CREEKWOOD LANE MULBERRY, FL 33860	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PERONTO, JOHN N 5112 LAKE MIRIAM CIRCLE LAKELAND, FL 33813	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD BARWICK, MATTHEW MARTIN 703 LAKE ELOISE PLACE DR WINTER HAVEN, FL 338843410	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JW FRYE, TIMOTHY EDGAR 2714 DEER RACK LN LAKELAND, FL 338114000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Matthew Martin Barwick 703 Lake Eloise Place Dr Winter Haven FL 33884-3410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Thomas Dwayne Harper Sr 632 Heartland Cir Mulberry FL 33860-6517	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James Reynolds Masters 4305 Creekwood Ln Mulberry FL 33860-8536	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: James R Masters James R Masters 4-8-06 863-409-9615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #