## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # C10295**

1. Entity Name
PALMA CEIA LODGE NO. 290 FREE AND ACCEPTED



## **FILED** Apr 19, 2005 8:00 am Secretary of State 04-19-2005 90378 011 \*\*\*\*61.25

MASONS	OF FLO	ŖIDA			ł										
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 JACKSONVILLE, FL 32202												, 84 <b>4</b> (), 814	<b>       </b>		<b>  </b>
Principal Place of Business     3. M				Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				0318200	5 Ch	ng-NP	С	R2E03	7 (10/0	3)	
City & State	9	<del></del>	City & State				4. FEI Number 59-6565194			4					ied For Applicable
Zìp	Zip Country		Zip		Coun	Country		5. Certifica	ate of Sta	atus Desir	ed [		<b>\$8.75</b> Fee Req		onal
	6. Name	and Address of Current	Registere	d Agent				7. Name a	nd Add	ress of Ne	ew Regis	stered A	gent		
CHEODADI	n nove	CAINIOD			]	Name									
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202						Street Add	dress (F	P.O. Box Nur	nber is N	Not Accep	itable)				
SACIODIVILLE, I'L SZISZ						City FL Zip Code									
the obligati	named entity ions of regist	y submits this statement for tered agent.	or the purp	ose of changing its	registered	d office or r	registere	ed agent, or	both, in	the State o	of Florida	. lam f	amiliar w	ith, ar	nd accept
SIGNATURE _	Signature, typed	or printed name of registered agent	t and titls if app	oficable. (NOTE	E: Registered	Agent signatur	e required	when reinstating)				DATE			
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		e is \$61.25*. May 1, 2005	-	9. Election Cam Trust Fund C				\$5.00 Ma Added to Fe			Make Florida		payabi Iment o		te
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date