## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # C10297

MANDARIN LODGE NO. 343 FREE AND ACCEPTED



FILED

Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90188 041 \*\*\*\*61.25

MASONS OF FLORIDA Principal Place of Business Mailing Address **ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD** 220 OCEAN ST 220 OCEAN ST JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Princapal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 Cha-NP CR2E037 (11/05) City & State City & State 4. FEI Number 23-7526558 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEPPARD, ROY CONNOR Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET JACKSONVILLE, FL 32202 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 9. Election Campaign Financing Make check payable to Filing Fee Is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. WMD TITLE Delete TITLE WORSHIPFUL MASTER (D) Change NAME RUOFF, JAMES O NAME David Myron L Randall 11730 EDGEMERE DR STREET ADDRESS STREET ADDRESS 444 E Tropical Trace JACKSONVILLE, FL 322231355 CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32259-1933 ☐ Addition TITLE Delete TITLE SENIOR WARDEN RANDALL, DAVID MYRON L NAME NAME William Edgar Avera III 664 E TROPICAL TRACE STREET ADDRESS STREET ADDRESS 9032 Cumberland Forest Wy CITY-ST-7IP JACKSONVILLE, FL 322591933 City-St-7IP Jacksonville FL 32257-1722 Addition TITLE Delete TITLE AVERA, WILLIAM EDGAR III NAME NAME JUNIOR WARDEN  $(\Pi)$ X 9032 CUMBERLAND FOREST WY STREET ADDRESS STREET ADDRESS Dax Leilie Eaton JACKSONVILLE, FL 322571722 CITY-ST-ZIP CITY-ST-ZIP ii372 Chapelgate Ln TITLE Delete TITLE ☐ Addition Jacksonville FL 32223-8761 FREDERICKSON, JOSEPH JAMES NAME NAME 13046 MANDAR IN RD (D)STREET ADDRESS STREET ADDRESS TREASURER JACKSONVILLE, FL 322231750 CITY-ST-ZIP CITY-ST-ZIP Jason Tate Warren ☐ Delete ☐ Addition TITLE TITLE 621 Pokeberry Pl SHOFFER, JACK V NAME NAME Jacksonville FL 32259-5438 1777 BOLTON ABBEY DR STREET ADDRESS STREET ADDRESS -----JACKSONVILLE, FL 32223 CITY-ST-7IP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME

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. Jack V. Shaffer

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

3/31/206 904-354-2339