2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90308 047 ****61.25

DOCUMENT # C10304

1. Entity Name
CANAVERAL LODGE NO. 339 FREE AND ACCEPTED MASONS OF FLORIDA

94049604

Principal Place of Business	Mailing Address
C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202	C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202

03202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7181516 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEPPARD, ROY CONNOR 200 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 _____
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, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JACOBS, WALLACE B 850 MONTEGO BAY DR MERRITT ISLAND, FL 329533261	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WORSHIPFUL MASTER (D) ☒ Change ☐ Addition Joseph Peirce Davies P O BOX 321043 COCOA BEACH FL 32932-1043
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WMD MAGERAS, PETE N 4780 NAVAHO TL MERRITT ISLAND, FL 32953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SENIOR WARDEN (D) ☐ Change ☒ Addition Donald Charles Pretich 1050 N Atlantic Ave #409 Cocoa Beach FL 32931-3162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SWD DAVIES, JOSEPH P P.O. BOX 321043 COCOA BEACH, FL 32932	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUNIOR WARDEN (D) ☒ Change ☐ Addition Pete Nick Mageras 4780 Navaho Trl Merritt Island Fl 32953-7824
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HALLENBORG, JOHN C 129 CHIPOLA RD COCOA BEACH, FL 329312603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD LAUBENHEIMER, BRUCE W JR 207 VIA DE LA REINA MERRITT ISLAND, FL 32953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Wallace B. Jacobs WALLACE B JACOBS 1 APRIL 2004 (321) 452-3708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #