


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90378 013 ****61.25

DOCUMENT # C10306					
1. Entity Name COMPOSITE LODGE NO. 293 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 23-7107162	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLEN, HOWARD L		NAME	Rex Clark Cain	
STREET ADDRESS	1307 TANAGER DR.		STREET ADDRESS	3812 Virginia Dr	
CITY-ST-ZIP	ORLANDO, FL 328032940		CITY-ST-ZIP	Orlando FL 32803-3051	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, REX C		NAME	Morris Eugene Benbrook Jr	
STREET ADDRESS	3812 VIRGINIA DR.		STREET ADDRESS	1103 Maricastle Ave	
CITY-ST-ZIP	ORLANDO, FL 328033051		CITY-ST-ZIP	Orlando FL 32812-1954	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENBROOK, MORRIS E		NAME	Lawrence Alan Williamson	
STREET ADDRESS	517 MORACCO AVE.		STREET ADDRESS	7421 Colonial Ct	
CITY-ST-ZIP	ORLANDO, FL 328071219		CITY-ST-ZIP	Sanford FL 32771-9744	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TREASURER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKINSON, JOHN N		NAME	Ralph Manuel Valido Sr	
STREET ADDRESS	PO BOX 560298		STREET ADDRESS	6328 Mackenzie St	
CITY-ST-ZIP	ORLANDO, FL 328560298		CITY-ST-ZIP	Orlando FL 32807-4838	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, HARLEY N		NAME		
STREET ADDRESS	PO BOX 570822		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328070822		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)(l), 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: <u>John N. Dickinson</u>		John N. Dickinson, Sec		4-5-05 904-354-2339	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Day/Time Phone #	