


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90123 016 ****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
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50007119



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

02062006 Chg-NP CR2E037 (11/05)

4. FEI Number 23-7107162	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	D CAIN, REX C WM 3812 VIRGINIA DR ORLANDO, FL 328033051 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENBROOK, JR; MORRIS E SW 1103 MARSCASTLE AVE ORLANDO, FL 328121984 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, LAWRENCE A JW 7421 COLONIAL CT SANFORD, FL 327719744 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DICKINSON, JOHN N PO BOX 560298 ORLANDO, FL 328560298 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VALIDO, SR, RALPH M 6328 MACKENZIE ST ORLANDO, FL 328074838 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

AND DIRECTORS IN 10

WORSHIPFUL MASTER (D) Lawrence Alan Williamson 7421 Colonial Ct Sanford FL 32771-9744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SENIOR WARDEN (D) Timothy Lance Parnell 5956 Milford Haven Pl Orlando FL 32829-8819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SECRETARY (D) Steven Leeroy Allen 126 N Bradley Ave Indianapolis IN 46201-3224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TREASURER (D) Ralph Manuel Valido Sr 6328 Mackenzie St Orlando FL 32807-4838	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
JUNIOR WARDEN (D) James Phillip Allen 8008 Plunkett Ave Orlando FL 32810-3053	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the 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: *John N. Dickinson* **3/10/2006** **407/896-9887**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John N. Dickinson