

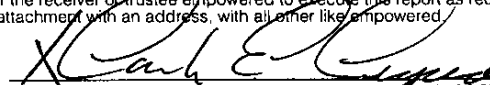


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90303 048 ****61.25

DOCUMENT # C10311					
1. Entity Name HIBISCUS LODGE NO. 275 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		
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 23-7174859				Applied For <input type="checkbox"/> Not Applicable	
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 ST 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		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					
TITLE	WMD		<input checked="" type="checkbox"/> Delete		
NAME	ALMEYDA, EDUARDO R				
STREET ADDRESS	6235 SW 116TH ST				
CITY-ST-ZIP	MIAMI, FL 331564811				
TITLE	SD		<input type="checkbox"/> Delete		
NAME	CESPEDES, CARLOS E				
STREET ADDRESS	P O BOX 770218				
CITY-ST-ZIP	MIAMI, FL 33177				
TITLE	T		<input type="checkbox"/> Delete		
NAME	DUNETZ, ROGER M				
STREET ADDRESS	88 CADIMA AVE				
CITY-ST-ZIP	CORAL GABLES, FL 33146				
TITLE	SWD		<input type="checkbox"/> Delete		
NAME	HILL, CHARLES M III				
STREET ADDRESS	841 HERON AVE				
CITY-ST-ZIP	MIAMI SPRINGS, FL 331663210				
TITLE	JWD		<input checked="" type="checkbox"/> Delete		
NAME	RICHARDSON, DAVID KENYAN				
STREET ADDRESS	8930 CARIBBEAN BLVD				
CITY-ST-ZIP	MIAMI, FL 331577147				
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
			ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10 WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Peter John Millheiser 13627 Deering Bay Dr #703 Coral Gables FL 33158-2835		
			JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jean-Aime Medici 1717 N Bayshore Dr #2455 Miami FL 33132-1161		
			JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jean-Aime Medici 1717 N Bayshore Dr #2455 Miami FL 33132-1161		
			JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jean-Aime Medici 1717 N Bayshore Dr #2455 Miami FL 33132-1161		
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.					
SIGNATURE:  CARLOS E. CESPEDES 3-31-06 305-971-2335 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					