


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90232 043 ****61.25

DOCUMENT # C10312 1. Entity Name CRAWFORD LODGE NO. 294 FREE AND ACCEPTED MASONS OF FLOIRDA					
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 59-3056306	
5. Certificate of Status Desired <input type="checkbox"/>				<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	MOSES, DANE VINCENT		WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	49 HICKORY AVE		Jeffery Marshall Gentry		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		95 Mulberry Cir		
			Crawfordville FL 32327-2276		
TITLE	SWD	<input checked="" type="checkbox"/> Delete	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILHON, THOMAS LEE		Roland Frank Coppola		
STREET ADDRESS	37 BRIDLE GATE DRIVE		19 Otter Lake Rd		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		Panacea FL 32346-2058		
TITLE	JWD	<input checked="" type="checkbox"/> Delete	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAPPOLA, ROLAND FRANK		Leroy Linnaeus McCaul Jr		
STREET ADDRESS	19 OTTER LAKE ROAD		6401 W Tennessee St #40		
CITY-ST-ZIP	PANACEA, FL 32346		Tallahassee FL 32304-7311		
TITLE	TD	<input type="checkbox"/> Delete	NAME		
NAME	GLOVER, LAWRENCE T		STREET ADDRESS		
STREET ADDRESS	P.O. BOX 1357 N/A		CITY-ST-ZIP		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32326				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	DIEPHUIS, JAMES HUGHES		NAME		
STREET ADDRESS	260 HICKORYWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 323272575		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 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: <u>James H. Diephuis, Sec.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/13/2006</u> Daytime Phone # <u>904-354-2339</u>		