


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90283 042 ****61.25

DOCUMENT # C10318 1. Entity Name NAVAL LODGE NO. 24 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address C/O 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			
Zip		Country		Zip	
Country		Country			
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD PARKS, RONALD L 624 WAYNE AVE PENSACOLA, FL 325073056	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David A Walker Jr 1600 Governors Dr #1313 Pensacola FL 32514-9420	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD WALKER, DAVID A JR 1600 GOVERNORS DR #1313 PENSACOLA, FL 325149420	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Harry Herbert Boyette 13831 Canal Dr Pensacola FL 32507-8882	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD BOYETTE, HARRY H 13831 CANAL DR PENSACOLA, FL 325078882	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard Eugene Morgan 3609 Sunnyside St Pensacola FL 32507-2751	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBS, BILLY E 8605 EIGHT MILE CREEK RD 2 PENSACOLA, FL 325268761	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) --- Ronald Louis Parks 624 Wayne Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pensacola FL 32507-3056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACOBS, WILLIAM R 4057 SHERIDAN DR PACE, FL 325712260	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) --- Michael Wayne Raines <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2017 Saddlebrook Dr Pensacola FL 32526-3991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <i>Ronald L Parks</i> RONALD L. PARKS 3/14/06 850-452-7224 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					