

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

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

04-19-2005 90378 028 \*\*\*\*61.25

**DOCUMENT # C10322**

1. Entity Name  
NOAH LODGE NO. 357 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  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



03232005 Chg-NP CR2E037 (10/03)

4. FEI Number  
23-7526570 Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAEPARD, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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	WMD	<input checked="" type="checkbox"/> Delete
NAME	TIMBERLAKE, JERRY W.	
STREET ADDRESS	118 WINDMILL BLVD	
CITY-ST-ZIP	NORTH FORT MYERS, FL 339032177	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	MCGRATH, DANA P	
STREET ADDRESS	68 PONDELLA RD	
CITY-ST-ZIP	NORTH FORT MYERS, FL 339034432	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REEDY, THOMAS EMIL	
STREET ADDRESS	2115 ST CROIX	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEETON, GERALD LEROY	
STREET ADDRESS	2131 ST CROIX AVE	
CITY-ST-ZIP	FT MYERS, FL 33905	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	GILLILAND, ROBERT L	
STREET ADDRESS	153 CHISHOLM TRAIL	
CITY-ST-ZIP	NORTH FORT MYERS, FL 339173059	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Lee Gilliland	
STREET ADDRESS	153 Chisholm Trl	
CITY-ST-ZIP	North Fort Myers FL 33917-3059	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Charles Dellinger II	
STREET ADDRESS	17310 Rawitz Rd	
CITY-ST-ZIP	Alva FL 33920-5884	
TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher Daniel Kelly	
STREET ADDRESS	4523 SE 6th Pl #204	
CITY-ST-ZIP	Cape Coral FL 33904-8542	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), 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: *Gerald Keaton* *Gerald Keaton* 4/11/05 904-354-2339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #