


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-29-2006 90138 031 \*\*\*\*61.25

<b>DOCUMENT # C10322</b> 1. Entity Name <b>NOAH LODGE NO. 357 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD</b> <b>220 OCEAN ST.</b> <b>JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNOR SHEPPARD</b> <b>220 OCEAN ST.</b> <b>JACKSONVILLE, FL 32202 US</b>		
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 <b>23-7526570</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHAEPPARD, ROY CONNOR</b> <b>220 OCEAN STREET</b> <b>JACKSONVILLE, FL 32202</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DELLINGER, II, DAVID CHARLES</b>		NAME	<b>David Charles Dellinger II</b>	
STREET ADDRESS	<b>17310 REWIS ROAD</b>		STREET ADDRESS	<b>17310 Rewis Rd</b>	
CITY-ST-ZIP	<b>ALVA, FL 33920</b>		CITY-ST-ZIP	<b>Alva FL 33920-5524</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REEDY, THOMAS EMIL</b>		NAME	<b>Christopher Daniel Kelly</b>	
STREET ADDRESS	<b>2115 ST CROIX</b>		STREET ADDRESS	<b>4523 SE 6th Pl #204</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33905</b>		CITY-ST-ZIP	<b>Cape Coral FL 33904-5542</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KEETON, GERALD LEROY</b>		NAME	<b>Kevin Arthur Morrow</b>	
STREET ADDRESS	<b>2131 ST CROIX AVE</b>		STREET ADDRESS	<b>905 Poinsettia Dr</b>	
CITY-ST-ZIP	<b>FT MYERS, FL 33905</b>		CITY-ST-ZIP	<b>North Fort Myers FL 33903-4238</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Gerald Keeton</i> <b>GERALD KEETON</b>			<b>3/13/06 904-354-2339</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		