
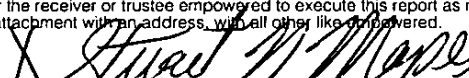


FILED
Mar 29, 2006 8:00 am
Secretary of State

50006922

DOCUMENT # C10326						03-29-2006 90138 029 *****61.25	
1. Entity Name BEACH LODGE NO. 354 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	
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			
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, 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		WMD		TITLE		WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		HOSHUE, STANLEY M		NAME		Henry Abram Adams	
STREET ADDRESS		356 PATRICK CIR		STREET ADDRESS		605 N Ramona Ave	
CITY-ST-ZIP		MELBOURNE, FL 32901		CITY-ST-ZIP		Indialantic FL 32903-4229	
TITLE		JWD		TITLE		SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME		ADAMS, HENRY A		NAME		Kenneth Newell Lewis Jr	
STREET ADDRESS		605 N RAMONA AVE		STREET ADDRESS		1009 Tide Rd SE	
CITY-ST-ZIP		INDIALANTIC, FL 32903		CITY-ST-ZIP		Palm Bay FL 32909-5892	
TITLE		T		TITLE		JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition	
NAME		EUGENE TAYLOR, EDWARD		NAME		Jimmy Lewis Braddock	
STREET ADDRESS		191 DIANE CIR.		STREET ADDRESS		165 Beachwood Blvd	
CITY-ST-ZIP		INDIALANTIC, FL 329032546		CITY-ST-ZIP		Melbourne Beach FL 32951-3117	
TITLE		S		TITLE		TREASURER (D) <input checked="" type="checkbox"/> Addition	
NAME		MAPES, STUART N JR		NAME		Edward Eugene Taylor	
STREET ADDRESS		590 HARWOOD AVE		STREET ADDRESS		191 Diane Cir	
CITY-ST-ZIP		SATELLITE BEACH, FL 32937		CITY-ST-ZIP		Indialantic FL 32903-2546	
TITLE		D		TITLE			
NAME		WADE WILSON, DENNIS		NAME			
STREET ADDRESS		1038 TORTOISE COVE.		STREET ADDRESS			
CITY-ST-ZIP		MELBOURNE, FL 329355257		CITY-ST-ZIP			
TITLE				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 information.				Stuart N. Mapes			
SIGNATURE: 				3/14/06 321-773-5418			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			
				Daytime Phone #			