


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-04-2006 90201 029 \*\*\*\*61.25

<b>DOCUMENT # C10330</b> 1. Entity Name <b>R.T. SCHAFER LODGE NO. 350 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET 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 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD WILLIAMS, DANIEL F 245 NE 8TH AVE LAKE BUTLER, FL 32054</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Worshipful Master (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Osgood, Howard B. 103 NW 40th Drive Gainesville, FL 32607-2324</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD OSGOOD, HOWARD B 103 NW 40TH DR GAINESVILLE, FL 32607</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Warden (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Collins, Martin S. 3506 NW 54th Lane Gainesville, FL 32653-0848</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD COLLINS, MARTIN S JR 3756 NE 55TH PL GAINESVILLE, FL 32653</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Junior Warden (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Williams, Daniel L. 150 North Lake Avenue Lake Butler, FL 32054</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD VAN WINKLE, ROBERT L 3969 NW 27TH LN GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PEEBLES, RONALD E 1626 NE 16TH TERR GAINESVILLE, FL 326093962</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Robert L. Van Winkle</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>Robert L. Van Winkle</i> Secretary		
			Date <b>4/20/2006</b>		Daytime Phone # <b>352 372-4714</b>