2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED

DOCUMENT # C10332 FERRY PASS LODGE NO. 348 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address **ROY CONNOR SHEPPARD** ROY CONNOR SHEPPARD 220 OCEAN ST 220 OCEAN ST JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232005 Cha-NP CR2E037 (10/03) City & State 4. FEI Number 23-7526561 Applied For City & State Not Applicable Žip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEPPARD, ROY CONNOR Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET JACKSONVILLE, FL 32202 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2005 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE SEMIOR WARDEN (D) Change Delete ☐ Addition TITLE MAGRUDER, LLOYD B Roger Dale Barnes NAME NAME 2316 MALYSA PLACE STREET ADDRESS STREET ADDRESS 9200 Fowler Ave PENSACOLA, FL 32504 CITY-ST-ZIP CITY-ST-ZIP 🦂 Pensacola FL 32534-1850. ☐ Delete TITLE TITLE JUNIOR WARDEN (0) PEVAHOUSE, MICHAEL NAME NAME Leverne Franklin Hair 597 BOCAGE RD STREET ADDRESS STREET ADDRESS 5601 Tilubo Lm CANTONMENT, FL 32533 CITY-ST-ZIP CITY-ST-ZIP. Pace FL 32571-9323 TITLE -Change -- Delete TITLE, Addition SECRETARY (0) NAME BARNES, ROGER D NAME James Russell Swinney PO BOX 516 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 5977 Born Dr CITY-ST-ZIP CANTONMENT, FL 325330516 Pensacola FL 32504-6345 TITLE TITLE TD ☐ Delete ☐ Addition POWELL, EARL A NAME NAME STREET ADDRESS 106 CAMDEN ROAD STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32534 CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME

I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all gaver like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-7IP

II JAMES RUSSII Swimer III