

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90123 015 ****61.25

DOCUMENT # C10338 1. Entity Name DAYTONA BEACH LODGE NO. 270 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1519113	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	WM	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPPFUL MASTER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOSEPH STONE, ROBERT		NAME	Daniel Anthony Torlucci	
STREET ADDRESS	1631 MORAVIA AVE.		STREET ADDRESS	1335 Bender Ave	
CITY-ST-ZIP	DAYTONA BEACH, FL 321171727		CITY-ST-ZIP	Holly Hill FL 32117-2122	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCKENNA, DAVID DWIGHT		NAME	Daniel E Feagle Jr	
STREET ADDRESS	122 OCEAN GROVE		STREET ADDRESS	66 Bainbridge Lane	
CITY-ST-ZIP	ORMOND BEACH, FL 321762329		CITY-ST-ZIP	Palm Coast FL 32137	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ANDREWS, GABLE		NAME	Paul Wesley Dewitt	
STREET ADDRESS	174 BECKY DR.		STREET ADDRESS	7 Bay Hill Dr	
CITY-ST-ZIP	PORT ORANGE, FL 321292407		CITY-ST-ZIP	Ormond Beach FL 32174-3602	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Addition	
NAME	SMITH, EMORY T		NAME	Gene Reid Holub	
STREET ADDRESS	325 WILDER BLVD., #403A		STREET ADDRESS	17 Pathway Ct	
CITY-ST-ZIP	DAYTONA BEACH, FL 321146065		CITY-ST-ZIP	Daytona Beach FL 32119-1662	
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 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: Gene R. Holub, Sec. Date: Apr 6, 2005 Daytime Phone #: 386-258-7416