2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2006 8:00 am Secretary of State

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ANNUAL REPORT	
DOCUMENT # C10338	

	e A BEACH LODGE NO. 270 F ED MASONS OF FLORIDA	FREE AND		03	-27-2006 90253 (44 *****61	.25	
Principal Plac ROY CONNOR 220 OCEAN S JACKSONVILL	R SHEPPARD	Mailing Address ROY CONNOR SHEPPAF 220 OCEAN ST. JACKSONVILLE, FL 322			1888 1988 1981 (198 888) 1891	1 (11/10/10/10/10/10/10/10/10/10/10/10/10/1	 	
2. Principal Place of Business 3. Mailin		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072006 Ct	ng-NP CR2E	037 (11/05)		
City & Stat	9	City & State		4. FEI Number 59-151911	3	· -	oplied For ot Applicable	
Zìp	Country	Zip	Country	5. Certificate of Sta	atus Desired 🔲	\$8.75 Add Fee Require		
	6. Name and Address of Current R	Registered Agent		7. Name and Add	ress of New Registere	d Agent		
CHEDDAD	D, ROY CONNOR		Name					
220 OCEA	N STREET VILLE, FL 32202		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
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			City	, ,	F	L Zip Coo	le	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or regist	tered agent, or both, in	the State of Florida. I a	m familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	E: Registered Agent signature requi	ired when reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered agent at Filling Fee is \$61.25		mpaign Financing	\$5.00 May Be	Make che	ck payable t		
	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make che Florida Dep	ck payable t artment of S	tate	
10.	Signature, typed or printed name of registered agent at Filling Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR	9. Election Car Trust Fund C	mpaign Financing	\$5.00 May Be Added to Fees	Make che	ck payable t artment of S	tate V 10	
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

3/8/3001 306-258-79/