


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90022 012 ****61.25

DOCUMENT # C10341					
1. Entity Name SHAMROCK LODGE NO. 268 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		4. FEI Number 23-7523498	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	WMD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, DONALD E		NAME	Floyde Leo Berry	
STREET ADDRESS	P.O. BOX 959 NA		STREET ADDRESS	P O Box 1907 N/A	
CITY-ST-ZIP	STEINHATCHEE, FL 323590959		CITY-ST-ZIP	Old Town FL 32680-1907	
TITLE	SW	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRY, FLOYDE L		NAME	Jac Adrian Gardner	
STREET ADDRESS	PO BOX 1907 NA		STREET ADDRESS	P O Box 2364 N/A	
CITY-ST-ZIP	OLD TOWN, FL 326801907		CITY-ST-ZIP	Cross City FL 32628-2364	
TITLE	JWD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAWAY, DONALD C		NAME		
STREET ADDRESS	421 KING CREEK CIR		STREET ADDRESS		
CITY-ST-ZIP	STEINHATCHEE, FL 32359		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	J. W. (Harri) Wilkins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, JOHN M		NAME	Prop Box 357 N/A	
STREET ADDRESS	PO BOX 57 NA		STREET ADDRESS	Salem, FL 32256 Sec	
CITY-ST-ZIP	CROSS CITY, FL 326280057		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, MARTIN C SR		NAME		
STREET ADDRESS	P.O. BOX 1146 NA		STREET ADDRESS		
CITY-ST-ZIP	CROSS CITY, FL 326281146		CITY-ST-ZIP		
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: J. W. (Harri) Wilkins 5/20/05 850-723-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #