

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90022 022 ****61.25

60022755



02072006 Chg-NP CR2E037 (11/05)

4. FEI Number **23-7523498** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
**SHEPPARD, ROY CONNOR
 220 OCEAN STREET
 JACKSONVILLE, FL 32202**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD BERRY, FLOYDE L P.O. BOX 1907 OLD TOWN, FL 326801907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GARDNER, JAC A P.O. BOX 2364 CROSS CITY, FL 326282364	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD CALLAWAY, DONALD C 421 KING CREEK CIR STEINHATCHEE, FL 32359	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD WILKINS, J W P.O. BOX 357 SALEM, FL 35256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARBER, MARTIN C SR P.O. BOX 1146 NA CROSS CITY, FL 326281146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) Lester D Flaherty P O Box 34 N/A Suwannee FL 32692-0034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) John Mack Long P O Box 57 N/A Cross City FL 32628-0057	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) Dennis Russell Gates P O Box 413 N/A Old Town FL 32692-0413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) Frederick Laurence Koberlaj P O Box 91 N/A Suwannee FL 32692-0091	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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.

SIGNATURE: *John Long* **JOHN LONG** **3-8-06** **499-3031**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #