2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # C10342

1. Entity Name

FELLOWSHIP LODGE NO. 265 FREE AND ACCEPTED MASONS OF FLOIRDA



FILED May 17, 2006 8:00 am Secretary of State

05-17-2006 90018 006 ****61.25

Principal Place	e of Business		Mailing	Address										
ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD					lD									
220 OCEAN ST JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 US														
Principal Place of Business 3. Mailing Address														
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				05122006	S C	hg-NP	CR	2E03	7 (4/06)	
City & State			City & State					4. FEI Number Applied For 59-6143121 Not Applicable						·
Zip Country			Zip	Zip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Register								7. Name ar	nd Add	Iress of New	/ Registe	red A	gent	
SHEPPARD, ROY CONNOR.						Name						_		
220 OCEAN STREET JACKSONVILLE, FL 32202					Street Address (P.O. Box Number is No					Not Accepta	ble)			
÷.				C			y					FL	Zip Co	de
		y submits this statement fo	or the purpo	se of changing its	register	ed office or	register	ed agent, or b	ooth, in	the State of	Florida. I	am fa	miliar with	, and accept
the obligat	ions of regist	tered agent. 1.												
SIGNATURE .														
	Signature, typed	or printed name of registered agent	and title if appli	cable. (NOTE	: Registere	d Agent signatu	re required	when reinstating)			D/	ATE		
Filing Fee is \$61.25 Due by September 6, 2006			 Election Campaign Financing Trust Fund Contribution. 				ΨΟ.ΟΟ Iviay De				ake check payable to ida Department of State			
D	_					Ψ.				Fi				
D :	_		RECTORS			Ψ.			es		lorida De	parti	nent of \$	State
10.	TD	OFFICERS AND DI	RECTORS		11.	ion.		Added to Fee	es		lorida De	parti D DIR	nent of \$	State
10. TITLE /	TD FUSCO, [OFFICERS AND DI	RECTORS	Trust Fund C	11. TITU	ion.		Added to Fee	es		lorida De	parti D DIR	ment of S	State N 10
10.	TD FUSCO, I 13931 CH	OFFICERS AND DI	RECTORS	Trust Fund C	11. TITU NAM	ion.		Added to Fee	es		lorida De	parti D DIR	ment of S	State N 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.