## 2004 NOT-FOR-PROFIT CORPORATION

## FILED Apr 12, 2004 8:00 am Secretary of State

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	e IASONIC LOD ED MASONS	GE NO. 398, II OF FLORIDA	NC., FREE AN	D						
C/O ROY CONNOR SHEPPARD C/O 220 OCEAN ST 220		220 OCEAN ST	/O ROY CONNOR SHEPPARD			Eiki sekil eeki seki eek	JI <b>45</b> JJJ <b>83</b> J <b>G</b> 4 JJ <b>G</b>	()	B((B) B) (BB)	
2. Principal Place of Business 3.		3. Mailing Address						(	Direction of the second	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03202004	Chg-NP	CR2E03	7 (10/03)		
City & State		City & State			4. FEI Number 59-3604	792		<del></del>	pplied For ot Applicable	
Zip	Co	Duntry	Zip	Co	untry	L	f Status Desired	ړ ل	8.75 Ad ee Require	
	6. Name and A	ddress of Current R	egistered Agent		Name	7. Name and A	ddress of New R	Registered A	gent	
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202				Street Address (P.O. Box Number is Not Acceptable)						
			*.		City	<del></del>		FL	Zip Coc	de
	ions of registered a	nits this statement for t gent. d name of registered agent en			red office or register		, in the State of Flo	orida. I am f	amiliar with	, and accept
filing.Fee is \$61.25 Due by May 1, 2004				ion Campaign F Fund Contribut		\$5.00 May Be	t .	ake check	·* ·= · · · · · ·	the second of the second
		, 200 .				Added to Fees	Flot	ida Depart	ment of 2	late
10.		OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHAP		RS AND DIF	ECTORS IN	V 10
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Interest certify that the mioritation supplied with this ming does not quality for the exemption islated in Section 119.07(3)(i), Profice Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under orath; 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.

Grant Schlenker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR