


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90126 029 ****61.25

DOCUMENT # N01000003599					
1. Entity Name MOUNT MORIAH LODGE NO. 400, INC., FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03232005 Chg-NP CR2E037 (10/03)	
4. FEI Number 58-3674018				Applied For <input type="checkbox"/> Not Applicable	
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 C 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD KRUCHTEN, CORNELIUS G <input checked="" type="checkbox"/> Delete 2136 ROUSE LAKE RD ORLANDO, FL 32817		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mark David Griffiths 2125 Seaport Cir #107 Winter Park FL 32792-1231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD GRIFFIS, MARK D <input checked="" type="checkbox"/> Delete 2125 SEAPORT CIRCLE WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Mark Weston Plosila 1220 Bonnie Lou Dr Orlando FL 32809-6017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD PLOSILA, MARK W <input checked="" type="checkbox"/> Delete 1220 BONNIE LOU DR ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marcellas Valjean McLaughlin 747 Guy Rd Orlando FL 32826-5424	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, LESLIE R <input type="checkbox"/> Delete 10307 BROWNWOOD AVE ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Adam Eugene Koblar 2125 Seaport Cir #107 Winter Park FL 32792-1231	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROE, MELVIN H <input checked="" type="checkbox"/> Delete 1418 PINAR RD. ORLANDO, FL 32825		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Leslie R. Williams</i> 4/4/05 4072810578 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					