

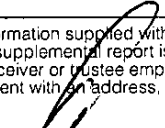


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-12-2005 90126 030 ****61.25

DOCUMENT # N01000003950 1. Entity Name SILOAM LODGE NO. 399, INC., FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business 13642 21ST ST. SOUTH DADE CITY, FL 33525				Mailing Address P.O. BOX 1020 JACKSONVILLE, FL 32201 10	
2. Principal Place of Business 220 Ocean St. N Suite, Apt. #, etc.		3. Mailing Address c/o Roy Connor Sheppard 220 Ocean St. N. Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 59-3713233	
Zip 32202		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN ST. 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	WMD UMSTED, JR., JAMES W. 1293 BROAD STREET MASARYKTOWN, FL 34609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD KEY, JOHN F 15802 ONLEY LANE SPRING HILL, FL 34610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD DUBOIS, ALPHONSE P.O. BOX 11046 SPRING HILL, FL 34610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDERS, WILLIAM A 14606 LANCER ROAD SPRING HILL, FL 34610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Robert Arthur Plank 17204 Nick's Rd Spring Hill FL 34610-6804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEAN, KEITH W PO BOX 4500 TAMPA, FL 33677	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  KEITH W. DEAN, SECRETARY 3/28/05 813 662-5081					