2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003950

1. Entity Name
SILOAM LODGE NO. 399, INC., FREE AND ACCEPTED
MASONS OF FLORIDA



Principal Place of Business

Mailing Address

FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90202 037 ****61.25

220 OCEAN ST N JACKSONVILLE, FL 32202		C/O ROY CONNOY SHEPPARD 220 OCEAN ST N JACKSONVILLE, FL 32202					40055538					
2. Principal P	lace of Business	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					02032006 Chg-NP CR2E037 (11/05)					
City & State	е	City & State					4. FEI Number 59-3713233			 ·	pplied For ot Applicable	
Zip	Country	Zip		Coun	ntry		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New					ew Registere	w Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN ST. 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												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campa Trust Fund Con			45.00 May be			ke check payable to da Department of State			
10.	OFFICERS AND DI	RECTORS		11,		A	ADDITIONS/CHA	NGES TO OF			110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD UMSTED, JR., JAMES W 1293 BROAD STREET MASARYKTOWN, FL 34609		Delete		T ADORESS ST-ZIP	Jo 15:	RSHIPFU hn Fran 802 Onl	klin k ey Ln	(ey	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD KEY, JOHN F 15802 ONLEY LANE SPRING HILL, FL 34610	Delete Delete		TITLE NAME STREE CITY-S	T ADDRESS	SE Al	ring Hi NIOR WA phonse O Box i	RDEN Duboi	(D) X	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD DUBOIS, ALPHONSE P.O. BOX 11046 SPRING HILL, FL 34610			TITLE NAME STREE CITY-S	t address	9P UU Ja	ring Hi MIOR WA mes Wil	11 FL RDEN liam L	34610 (1	X [0	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PLANK, ROBERT A 17024 NICKS RD SPRING HILL, FL 34610		☐ Delete TITL NAA STR				93 Broo sarykte		L 34604-6813		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEAN, KEITH W PO BOX 4500 TAMPA, FL 33677		☐ Delete		1					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete							☐ Change	☐ Addition	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR