


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90278 049 ****61.25

DOCUMENT # N98000007341		
1. Entity Name I. N. MCNATT LODGE NO. 103, INC., FREE AND ACCEPTED MASONS OF FLORIDA		

Principal Place of Business C/O ROY CONNOR SHEPPARD 220 N OCEAN STREET JACKSONVILLE, FL 32202	Mailing Address C/O ROY CONNOR SHEPPARD 220 N OCEAN STREET JACKSONVILLE, FL 32202
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50006117

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02012006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1979470	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHEPPARD, ROY C 220 N 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, 2006	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	WMD	<input checked="" type="checkbox"/> Delete		TITLE	WORSHIPFUL MASTER (D)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THOMAS HARRIS, CHARLES			NAME	Steven Leon Taylor		
STREET ADDRESS	2195 NE 97TH ST RD			STREET ADDRESS	8123 Meadowlark Ct		
CITY-ST-ZIP	ANTHONY, FL 326173332			CITY-ST-ZIP	Melrose FL 32666-8937		
TITLE	JWD	<input checked="" type="checkbox"/> Delete		TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ATWATER BENJAMIN, CLINTON			NAME	James Edward Brady		
STREET ADDRESS	P.O. BOX 104			STREET ADDRESS	6545 Brooklyn Bay Rd		
CITY-ST-ZIP	INTERLACHEN, FL 321480104			CITY-ST-ZIP	Keystone Heights FL 32656-7		<input type="checkbox"/> Addition
TITLE	TD	<input type="checkbox"/> Delete		TITLE	JUNIOR WARDEN (D)		
NAME	ELLINGTON, JEFF MCMEKIN JR			NAME	Matthew Dell Surrency		
STREET ADDRESS	PO BOX 128			STREET ADDRESS	P.O. Box 2413 N/A		
CITY-ST-ZIP	HAWTHORNE, FL 326400128			CITY-ST-ZIP	Hawthorne FL 32640-2413	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRICKLE, EDWARD L			NAME			
STREET ADDRESS	P O BOX 49			STREET ADDRESS			
CITY-ST-ZIP	LOCHLOOSA, FL 32662			CITY-ST-ZIP			
TITLE	SWD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, STEVEN L			NAME			
STREET ADDRESS	8123 MEADOWLARK CT			STREET ADDRESS			
CITY-ST-ZIP	MELROSE, FL 326668937			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Edward L. Brickle 3/14/06 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #