2902 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9900003641 1. Entity Name THE VILLAGES MASONIC LODGE NO 204 INC. EDEC AN

FILED Mar 29, 2002 8:00 am Secretary of State

D ACCE	EPTED MASONS OF FLOR	3. 004, 110. THEE AN		03-29-2002	91540 001 *4,471.	.43	
Principal Pla	ace of Business	Mailing Address					
%ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202		220 OCEAN ST JACKSONVILLE FL 32202			• • • • • • • • • • • • • • • • • • •		
2. Principal	Place of Business	3. Mailing Address	· <u>*** · · · · · · · · · · · · · · · · ·</u>				
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		DO NOT WE	DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3523563 Applied For Not Applicable		
				4. FEI Number 59-3523563			
Zip	Country	Zip	Country	5. Certificate of Status Desired	S8.75 A	dditional	
<u> </u>	6. Name and Address of Current	Registered Agent		7. Name and Address of New	Registered Agent		
			Name				
SHEPPARD, ROY C 220 OCEAN STREET			Street Add	ress (P.O. Box Number is Not Acceptab	P.O. Box Number is Not Acceptable)		
	MILLE FL 32202						
			City		FL Zip Co	de	
8. The above	e named entity submits this statement for	or the purpose of changing its r	egistered office or re	gistered agent, or both, in the state of F	lorida.		
SIGNATURE	Signature, typed or printed name of registered agent		Registered Agent signature n		DATE		
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co			ake Check Payable Department of Stat		
10.	OFFICERS AND DI	<u></u>					
		RECTORS	11.	ADDITIONS/CHANGES TO OFFICE		N 10	
TITLE NAME	WMD WHITNEY, EUGENE E	RECTORS	TITLE	WORSHIPFUL MASTER		N 10 Addition	
NAME	WHITNEY, EUGENE E 1011 SAN ANTONIO LANE		TITLE NAME STREET ADDRESS	WORSHIPFÜL MASTER Robert Lee Cook 1021 DELMAR DR	(D) Change		
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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.

Ronald H. Movem, Sec.

2-27-07 352-750-4694

SIGNATURE: