


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000007657	
1. Entity Name KNIGHTS LODGE #7 FREE AND ACCEPTED MASONS THIRTY THIRD AND LAST DEGREE ANCIENT AND	

Principal Place of Business 17 ROLLINS AVE ST AUGUSTINE FL 32095	Mailing Address 17 ROLLINS AVE ST AUGUSTINE FL 32095
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-3621762	Applied For <input type="checkbox"/> 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 ROBERSON, WILBER C SR 17 ROLLINS AVE ST AUGUSTINE FL 32095

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 of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wilber C Roberson Sr.*

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PCD <input type="checkbox"/> Delete
NAME	LYONS, JOHN JR
STREET ADDRESS	1037 HELEN ST
CITY - ST - ZIP	ST AUGUSTINE FL 32095
TITLE	VD <input type="checkbox"/> Delete
NAME	ROBERSON, WILBER C SR
STREET ADDRESS	17 ROLLINS AVE
CITY - ST - ZIP	ST AUGUSTINE FL 32095
TITLE	D <input type="checkbox"/> Delete
NAME	WESLEY, JAMES
STREET ADDRESS	1760 LIGHTSEY RD.
CITY - ST - ZIP	AUGUSTINE FL 32024
TITLE	S <input type="checkbox"/> Delete
NAME	JONES, VIRGIL S
STREET ADDRESS	6340 BROUGH RD
CITY - ST - ZIP	ELKTON FL 32033
TITLE	TD <input type="checkbox"/> Delete
NAME	ANDERSON, TONY
STREET ADDRESS	247 LAGUNA CT
CITY - ST - ZIP	ST AUGUSTINE FL 32086
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	000000534813 <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	05/08/06-80026-015 61.25
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Wilber C Roberson Sr.* *Wilber C Roberson SR* 4-21-06 904-824-5882