


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90075 049 ****61.25

DOCUMENT # C10021

1. Entity Name
HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business
**ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE, FL 32202**


Mailing Address
**ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE, FL 32202**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



05022007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7526466

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHEPPARD, ROY CONNOR
 220 OCEAN STREET
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 14, 2007**

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 NAME ✓	S MENGELING, RICHARD D PO BOX 1618 WINTER HAVEN, FL 338821618	<input type="checkbox"/> Delete
TITLE NAME ✓	T ELLISON RACHEL, JAMES 1020 KENTUCKY ST HAINES CITY, FL 338442600	<input type="checkbox"/> Delete
TITLE NAME ✓	D ALLEN SMITH, LEONARD J 423 JEREMY DRI DAVENPORT, FL 338379366	<input type="checkbox"/> Delete
TITLE NAME	D/SW NAPOLEAO, HELVIO A 127 PIANO LN DAVENPORT, FL 338968379	<input checked="" type="checkbox"/> Delete
TITLE NAME	D/JW VALENTE, MARIO J 1701 COMMERCE AVE #229 HAINES CITY, FL 33844	<input checked="" type="checkbox"/> Delete
TITLE NAME		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	Director Napoleao, Helvio A. 127 Piano Lane Davenport, FL 33896-8379	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	Director Leach, Thomas C. 1701 Commerce Avenue #7 Haines City, FL 33844-3200	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard D. Mengeling* Secretary **4-30-07** (863) 294-5783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #