

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90016 031 ****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

40049494



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02082008 Chg-NP CR2E037 (12/06)

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
Lynn, Richard Edward
220 Ocean Street
Jacksonville, Florida 32202

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 **3/13/08**

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 May 1, 2008

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 STREET ADDRESS CITY-ST-ZIP	S MENGELING, RICHARD D PO BOX 1618 WINTER HAVEN, FL 338821618 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLISON RACHEL, JAMES 1020 KENTUCKY ST HAINES CITY, FL 338442600 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN SMITH, LEONARD J 423 JEREMY DR DAVENPORT, FL 338379.366 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAPOLEAO, HELVIO A 127 PIANO LN DAVENPORT, FL 338968379 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEACH, THOMAS C 1701 COMMERRCE AVE. #7 HAINES CITY, FL 33844 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas Lee Porter 117 N 18th St Haines City, FL 33844-4803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Delbert Earl Jones 4202 Polk City Rd Haines City, FL 33844-8115
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: DATE **3-10-08** DAYTIME PHONE # **863-557-1464**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #