

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90036 011 ****61.25

DOCUMENT # C10031					
1. Entity Name SAINT ANDREWS LODGE NO. 212 FREE ANDD ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1379644	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			LYNNE, 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 <u>3/10/08</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D	NAME LLOYD, JACK M JR.	☐ Delete			
STREET ADDRESS 1020 BUENA VISTA BLVD.	CITY-ST-ZIP PANAMA CITY, FL 324012157				
TITLE D	NAME TYREE, GREGORY G	☒ Delete			
STREET ADDRESS 8307 CLUSTER RD	CITY-ST-ZIP PANAMA CITY, FL 324045063				
TITLE S	NAME HIGHTOWER, ROY A	☐ Delete			
STREET ADDRESS 2613 W 27TH ST	CITY-ST-ZIP PANAMA CITY, FL 324052108				
TITLE D	NAME SMITH, DAVID	☒ Delete			
STREET ADDRESS 8514 LAIRD ST.	CITY-ST-ZIP PANAMA CITY, FL 324087820				
TITLE D	NAME REDD, MITCHELL H	☐ Delete			
STREET ADDRESS 3700 W. 22ND PLAZA	CITY-ST-ZIP PANAMA CITY, FL 324051311				
TITLE 	NAME 	☐ Delete			
STREET ADDRESS 	CITY-ST-ZIP 				
TITLE 	NAME 	☐ Change ☐ Addition			
STREET ADDRESS 	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:		Date <u>3/6/2008</u>		Daytime Phone # <u>(850) 755-0451</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					