2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # C10038

1. Entity Name SEBRING LODGE NO. 249 FREE AND ACCEPTED MASONS OF FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
				\dashv
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\dashv
City & State		City & State		+
Zip	Country	Zip	Country	

FILED Mar 16, 2007 8:00 am Secretary of State

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Principal Place of Business Mailing Address 20007663 **ROY CONNOR SHEPPARD** ROY CONNOR SHEPPARD 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE EL 32202 IACKSONVILLE EL 32202 01202007 Cha-NP CR2E037 (12/06) 4. FEI Number 59-1651185 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHEPPARD, ROY CONNOR Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN STREET JACKSONVILLE, FL 32202 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 WORSHIPFUL MASTER (D) To Change F OFFICERS AND DIRECTORS 10. 11. (D) A Change WMD Delete Addition TITLE TITI F Ross Lee Cannight WILLIAMS, KENNETH M NAME NAME 237 Margarette Dr STREET ADDRESS P.O. BOX 589 STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33871 CITY-ST-ZIP Avon Park FL 339<u>25-2</u> SENIOR WARDEN (Delete (D) 🗷 Change TITLE TITI F ☐ Addition Kevin E Collier CANRIGHT, ROSS L NAME STREET ADDRESS 237 MARGARETTE DR STREET ADDRESS 3411 Austin St AVON PARK, FL 338252327 CITY-ST-ZIP CITY-ST-ZIP Change TD ☐ Delete TITLE ☐ Addition TITLE BYERS, MICHAEL P NAME NAME STREET ADDRESS 2434 S LAKE LETTA DR STREET ADDRESS CITY-ST-ZIP AVON PARK, FL 338259635 CITY-ST-7IP (D) Change SECRETARY Delete **Addition** TITLE SD TITLE Owen Martin Young VAN EVERY, DESHA O NAME NAME 1033 Ferndale Ave STREET ADDRESS 276 WHIP-POOR-WILL DR STREET ADDRESS SEBRING, FL 33872 CITY-ST-ZIP Sebring FL 33870-3034 CITY-ST-ZIP JUNIOR WARDEN (D) Change JWD Delete TITLE ★ Addition TITLE Bruce Kenneth Duncan NAME COLLIER, KEVIN E NAME STREET ADDRESS 3411 AUSTIN ST STREET ADDRESS 342 Ellison Ave SEBRING, FL 338723112 CITY-ST-ZIP CITY-ST-7IP Lake Placid FL 33852-6030 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 attachmi ith an address, with all other like empowered.

OWEN M. YOUNG SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-385-3382