

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90188 045 ****61.25

DOCUMENT # C10038 1. Entity Name SEBRING LODGE NO. 249 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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1651185			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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			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 4/30/08			
Signature, typed or printed name of registered agent and title if applicable <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> Delete	WORSHIPFUL MASTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUNCAN, BRUCE K		Kevin E Collier		
STREET ADDRESS	342 ELLISON AVE		3411 Austin St		
CITY-ST-ZIP	LAKE PLACID, FL 33852		Sebring FL 33872-3112		
TITLE	D	<input checked="" type="checkbox"/> Delete	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CANRIGHT, ROSS L		Howard Wayne Hart		
STREET ADDRESS	237 MARGARETTE DR		204 E Pine St		
CITY-ST-ZIP	AVON PARK, FL 338252327		Sebring FL 33872-1261		
TITLE	TD	<input checked="" type="checkbox"/> Delete	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BYERS, MICHAEL P		Scott Randall Johnson		
STREET ADDRESS	2434 S LAKE LETTA DR		3011 Par Rd		
CITY-ST-ZIP	AVON PARK, FL 338259635		Sebring FL 33872-1261		
TITLE	S	<input type="checkbox"/> Delete	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	YOUNG, OWEN M		Charles H Cohenour		
STREET ADDRESS	1033 FERNDAL AVE		4315 Lewis Ave		
CITY-ST-ZIP	SEBRING, FL 33870		Sebring FL 33875-5134		
TITLE	D	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLLIER, KEVIN E		NAME		
STREET ADDRESS	3411 AUSTIN ST		STREET ADDRESS		
CITY-ST-ZIP	SEBRING, FL 338723112		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 4/30/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

60035930



04292008 Chg-NP CR2E037 (12/06)