

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90036 004 ****61.25

DOCUMENT # C10073 1. Entity Name JAY LODGE NO. 176 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1838921	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROY CONNOR SHEPPARD 220 OCEAN ST 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 3/10/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing <input type="checkbox"/> \$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	WMD WATSON, JR, DENNIS L <input checked="" type="checkbox"/> Delete 3261 T SOARBROUGH RD JAY, FL 32565				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD GILLIS, JAMES E JR <input checked="" type="checkbox"/> Delete 8167 HIGHWAY 87 NORTH MILTON, FL 325709246				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD GLOVER, LAWRENCE W <input checked="" type="checkbox"/> Delete P.O. BOX 250 JAY, FL 325650250				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROGERS, ROY E <input type="checkbox"/> Delete 9213 HIGHWAY 87 N MILTON, FL 325709040				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, JOHN D <input checked="" type="checkbox"/> Delete 4550 GREENWOOD RD JAY, FL 325652756				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William Nixon Brown 13298 Chumuckla Hwy Jay FL 32565-2756					
WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James Edward Gillis Jr 8167 Highway 87 N Milton FL 32570-9246					
JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Colin Douglas Gillis Jr 6348 Fairfield Dr Milton FL 32570-5419					
TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Willard Edward Beasley 6316 Fairfield Dr Milton FL 32570-5419					
<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: 3/7/08 850-623-4845 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #</small>					