
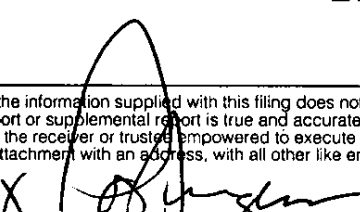


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90085 020 ****61.25

DOCUMENT # C10156					
1. Entity Name MARION-DUNN LODGE NO. 19 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business 1846 SE 36TH AVENUE OCALA, FL 34471		Mailing Address 1846 SE 36TH AVENUE OCALA, FL 34471			
2. Principal Place of Business - No P.O. Box # 220 Ocean St		3. Mailing Address 220 Ocean St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville FL		City & State Jacksonville FL		4. FEI Number 59-1381586	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 32202		Country		Zip 32202	
Country		Country		Country	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	UNITED STATES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POEHLMAN, LADD GENE		NAME	Kenneth E Shaw	
STREET ADDRESS	200 NW 47TH PL		STREET ADDRESS	4525 SE 57th Ln	
CITY-ST-ZIP	OCALA, FL 344759510		CITY-ST-ZIP	Ocala FL 34480-9401	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORY, JOHN RICHARD		NAME	John Richard Story	
STREET ADDRESS	89 WATER TRAK		STREET ADDRESS	89 Water Trl	
CITY-ST-ZIP	OCALA, FL 344728262		CITY-ST-ZIP	Ocala FL 34472-8262	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUSCHER, PAUL DOUGLAS		NAME	Paul Douglas Duschler	
STREET ADDRESS	6160 SE 37TH TERR		STREET ADDRESS	6160 SE 37th Ter	
CITY-ST-ZIP	OCALA, FL 344809009		CITY-ST-ZIP	Ocala FL 34480-9009	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, SR, PAUL WILLIAM		NAME		
STREET ADDRESS	1110 NE 42ND AVE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 344701055		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, EDWARD HUNTER		NAME		
STREET ADDRESS	2150 NE 8TH ST		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 344706211		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<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: 		Paul W. Ferguson, Secretary		Date: 4/19/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 352-694-2461	