

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-16-2007 90039 004 ****61.25

DOCUMENT # C10216			
1. Entity Name WALDO LODGE NO. 10 FREE AND ACCEPTED MASONS OF FLORIDA			
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		Mailing Address C/O 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	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	JVD <input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CHARLES F	NAME	Charles Fariz Martin
STREET ADDRESS	15311 NW 140TH ST	STREET ADDRESS	15311 NW 140th St
CITY-ST-ZIP	ALACHUA, FL 326156233	CITY-ST-ZIP	Alachua FL 32615-6233
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESLEY, JAMES E	NAME	
STREET ADDRESS	18015 N CTY RD 235	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32609	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLEDGE, MURPHEY	NAME	James Joseph Brown
STREET ADDRESS	1815 NW 7TH PL	STREET ADDRESS	P O Box 856 N/A
CITY-ST-ZIP	GAINESVILLE, FL 32603	CITY-ST-ZIP	Waldo FL 32694-0856
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, ROBERT E	NAME	Donald Cleave Faircloth
STREET ADDRESS	1704 NW 38TH DR	STREET ADDRESS	4904 NW 38th St
CITY-ST-ZIP	GAINESVILLE, FL 32605	CITY-ST-ZIP	Gainesville FL 32605-1040
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVINGER, EARNEST JR	NAME	
STREET ADDRESS	P O BOX 722	STREET ADDRESS	
CITY-ST-ZIP	WALDO, FL 32694	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: <i>Earnest Clevinger</i>		<i>07-06-07</i> <i>352-468-2592</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	