
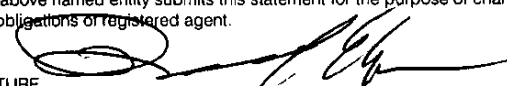
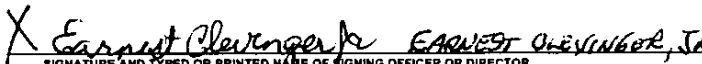


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90037 007 ****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
01212008		Chg-NP CR2E037 (12/06)	
4. FEI Number 23-7526334		Applied For 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 ST 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 3/10/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME <input checked="" type="checkbox"/> DELETE	D MARTIN, CHARLES F 15311 NW 140TH ST ALACHUA, FL 326156233	TITLE NAME <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
TITLE NAME <input checked="" type="checkbox"/> DELETE	D PRESLEY, JAMES E 18015 N CTY RD 235 GAINESVILLE, FL 32609	TITLE NAME <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION	JUNIOR WARDEN (D) <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION Charles Frederick Hall Jr P O Box 305 N/A Waldo, FL 32694-0305
TITLE NAME <input checked="" type="checkbox"/> DELETE	D BROWN, JAMES J PO BOX 856 WALDO, FL 32694	TITLE NAME <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
TITLE NAME <input checked="" type="checkbox"/> DELETE	T FAIRCLOTH, DONALD C 4904 NW 38TH ST GAINESVILLE, FL 32605	TITLE NAME <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION	
TITLE NAME <input checked="" type="checkbox"/> DELETE	D CLEVINGER, EARNEST JR P O BOX 722 WALDO, FL 32694	TITLE NAME <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> ADDITION	SECRETARY (D) <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION Earnest Clevinger Jr 14804 NE 142nd St Waldo, FL 32694-4069
TITLE NAME <input type="checkbox"/> DELETE		TITLE NAME <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:  EARNEST CLEVINGER, JR		Date 03-04-08 Daytime Phone # 352-448-2572	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	