


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

03-23-2007 90016 005 ****61.25

DOCUMENT # C10247			
1. Entity Name WILLIAM T. CARLTON LODGE NO. 46 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 _____ 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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, ROBERT L JR	NAME	
STREET ADDRESS	8120 SW COUNTY RD 307	STREET ADDRESS	
CITY-ST-ZIP	TRENTON, FL 326935655	CITY-ST-ZIP	
TITLE	SWD	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JAMES L	NAME	WESMINSTER MASTER (D)
STREET ADDRESS	PO BOX 299	STREET ADDRESS	James Lester Campbell
CITY-ST-ZIP	TRENTON, FL 326930299	CITY-ST-ZIP	P O Box 299 N/A
TITLE	JWD	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUSE, ANTHONY S	NAME	Anthony Scott Cruse
STREET ADDRESS	7180 SE 82ND ST	STREET ADDRESS	7180 SE 82nd St
CITY-ST-ZIP	TRENTON, FL 326932242	CITY-ST-ZIP	Trenton-FL-32693-2242
TITLE	SD	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHREIBER, WILLIAM H	NAME	David Bret Hemond
STREET ADDRESS	PO BOX 171	STREET ADDRESS	P O Box 1858 N/A
CITY-ST-ZIP	BELL, FL 326190171	CITY-ST-ZIP	Trenton FL 32693-1858
TITLE	T	TITLE	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILLIAM, JOSEPH W	NAME	Charles Lloyd Scott
STREET ADDRESS	1760 NW 22ND CT	STREET ADDRESS	P O Box 444 N/A
CITY-ST-ZIP	BELL, FL 32619	CITY-ST-ZIP	Bell FL 32619-0444
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 empowerings.			
SIGNATURE: <i>Charles L Scott</i>		Date: 14 MAR 07 (352) 463-1172	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	