

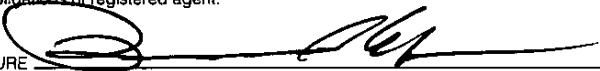
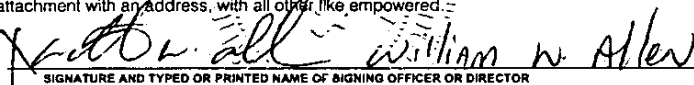


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90023 032 \*\*\*\*61.25

<b>DOCUMENT # C10247</b>					
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		
4. FEI Number 23-7526355				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 3/26/08	
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	D	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, CHARLES LLOYD		NAME	David Bret Hemond	
STREET ADDRESS	PO BOX 444		STREET ADDRESS	P O Box 1858 N/A	
CITY-ST-ZIP	BELL, FL 32619		CITY-ST-ZIP	Trenton FL 32693-1858	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, JAMES L		NAME	Roger Arthur Hemond	
STREET ADDRESS	PO BOX 299		STREET ADDRESS	P O Box 1858 N/A	
CITY-ST-ZIP	TRENTON, FL 326930299		CITY-ST-ZIP	Trenton FL 32693-1858	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUSE, ANTHONY S		NAME	William Wesley Allen	
STREET ADDRESS	7180 SE 82ND ST		STREET ADDRESS	9150 NW 17th Ct	
CITY-ST-ZIP	TRENTON, FL 326932242		CITY-ST-ZIP	Chiefland FL 32626-8726	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, WILLIAM H		NAME		
STREET ADDRESS	PO BOX 171		STREET ADDRESS		
CITY-ST-ZIP	BELL, FL 326190171		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIAM, JOSEPH W		NAME		
STREET ADDRESS	1760 NW 22ND CT		STREET ADDRESS		
CITY-ST-ZIP	BELL, FL 32619		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:				DATE 3/18/08	
Signature and typed or printed name of signing officer or director				Daytime Phone #	