
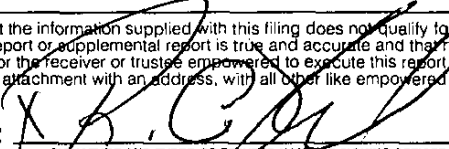


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90168 008 ****61.25

DOCUMENT # C10324							
1. Entity Name TEMPLE LODGE NO. 23 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		01172007 Chg-NP CR2E037 (12/06)			
				4. FEI Number 59-0478232			
				Applied For <input type="checkbox"/> 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 STREET 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	WMD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	FORBUS, ROB-ROY C		NAME	Luke Harley McBryer			
STREET ADDRESS	6245 SMALLWOOD RD		STREET ADDRESS	5943 Green Hill Ln			
CITY-ST-ZIP	JACKSONVILLE, FL 322162538		CITY-ST-ZIP	Jacksonville FL 32211-4760			
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BARCOM, GAYLON R		NAME	Gaylon Ronald Barcom			
STREET ADDRESS	3199 BEAR RUN BLVD		STREET ADDRESS	3199 Bear Run Blvd			
CITY-ST-ZIP	ORANGE PARK, FL 320657334		CITY-ST-ZIP	Orange Park FL 32065-7334			
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	DENNIS, ROBERT L		NAME	Edward Scott Vaughn			
STREET ADDRESS	917 TOWNSEND BLVD		STREET ADDRESS	1015 Alhambra Dr N			
CITY-ST-ZIP	JACKSONVILLE, FL 322116039		CITY-ST-ZIP	Jacksonville FL 32207-6054			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALDING, JERRY E		NAME				
STREET ADDRESS	7015 MISS MUFFET LANE NORTH		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32210		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARL THORWART, RUDOLPH JR		NAME				
STREET ADDRESS	7840 TIMBERLIN PARK BLVD		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 322568431		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:  R. Carl Thorwart		Date: 3/26/07		Daytime Phone #: 904 643 8345			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							