2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # C10324 1. Entity Name TEMPLE LODGE NO. 23 FREE AND ACCEPTED MASONS OF FLORIDA							4-04-2007 9	-			
Principal Place C/O ROY CON 220 OCEAN S JACKSONVILL	INOR SHEPF St.	PARD	220 OCEAN ST.	O ROY CONNOR SHEPPARD		} 	 	<u> </u>	11: 11511 HIVI 611	41161 F1 1611	
2. Principal Place of Business - No P.O. Box # 3. Mai			3. Mailing Address	Mailing Address		1		EI ENEN ENEN EI			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01172007	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State			4. FEI Number Applied For 59-0478232 Not Applicable						
Zip	Zip Country		Zip Co			5. Certificate of Status Desired S8.75 Addition Fee Required					
	6. Name	and Address of Current R	egistered Agent	Agent			7. Name and Address of New Registered Agent				
				Nan	ie .	·					
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202				Stre	et Address (P.O. Box Number i	s Not Acceptat	ole)		<u></u>	
i	*1666, 1 6	02202							1 = -		
					FL Zip Code						
	named entiti ions of regist	y submits this statement for ered agent.	the purpose of changing i	ts registered offic	e or register	red agent, or both,	in the State of F	lorida. 1 am	familiar with,	, and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title il applicable. (Ne	OTE: Registered Agent s	ignature required	d when reinstating)		DATE			
SIGNATURE .	Filing Fe	or printed name of registered agent or e is \$61.25 flay 1, 2007	9. Election C	DTE: Registered Agent s ampaign Financia d Contribution.		\$5.00 May Be Added to Fees		Make chec	k payable t		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or adoptemental 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 trusted 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 artachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07 904 643 834.