2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N00000002821

1. Entity Name CLYDE S. MCLAREN LODGE NO. 395, INC. FREE AND ACCEPTED MASONS OF FLORIDA



FILED May 07, 2007 8:00 am Secretary of State

05-07-2007 90075 046 ****61.25

					SOUND THE							
220 OCEAN ST 22			Mailing Address 220 OCEAN ST JACKSONVILLE, F	L 32202		401	076U5					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02092007	Chg-NP	CR2E03	37 (12/06)				
City & State		City & State			4. FEI Numbe 65-0876			<u> </u>	oplied For			
Zip Country		Zip Cour		untry	5. Certificate of	of Status Desired		\$8.75 Add	ditional			
	6. Name	and Address of Current	Registered Agent		Τ	7. Name and	Address of New R			-		
					Name				180111			
SHEPPARD, ROY C 220 OCEAN ST.				Street Address			s (P.O. Box Number is Not Acceptable)					
JACKSONVILLE, FL 32202							<u> </u>					
					City			FL	Zip Cod	le		
8. The above	e named entity	submits this statement fo	r the purpose of chang	ging its register	L ed office or regist	tered agent, or both	n, in the State of Fid	–		and accept		
the obliga	itions of registe	ered agent.										
SIGNATURE		or printed name of registered agent	and title if applicable.	(NOTE: Registere	ed Agent signature requi	ired when reinstating)		DATE				
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Fiorida Department of State				
*							,					
10.			Trust		tion.	Added to Fees ADDITIONS/CHA	,	rida Depar	tment of S	tate		
10. ·	JWD	OFFICERS AND DIF	Trust	Fund Contribut	tion.	Added to Fees ADDITIONS/CHA	Flor	RS AND DIE	tment of S	tate		
10. · TITLE NAME	JWD NONZON,	OFFICERS AND DIF	Trust	Fund Contribut 11. e IIIL NAM	E JO	Added to Fees ADDITIONS/CHA	Flor	RS AND DIE	tment of S	tate		
10 TITLE NAME STREET ADDRESS	JWD NONZON, 10795 NW	OFFICERS AND DIF JORGE LUIS E 70TH ST	Trust	Fund Contribut 11. 11. NAM STRE	E JO EET ADDRESS 10	Added to Fees ADDITIONS/CHA	Flor NGES TO OFFICE DEN TO OFFICE Expino Oth St	rida Depar RS AND DIII 	tment of S	tate		
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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 trusted impowered 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 prother the empowered.

CITY-ST-ZIP

SIGNATURE: 1

CITY-ST-ZIP