

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90023 012 ****61.25

DOCUMENT # 704259		
1. Entity Name MASONIC PARK & YOUTH CAMP, INC.		
Principal Place of Business 18050 US HIGHWAY 301 WIMAUMA FL 33598		Mailing Address WM B. WESTBROOK PO BOX 907 BRANDON FL 33509



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

1st MOORE CR2E037 (10/06)

4. FEI Number 59-6179183				Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WESTBROOK, WMB 127 LITHIA PINECREST RD BRANDON FL 33511			7. Name and Address of New Registered Agent	
			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 _____

**FILE NOW: 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 Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK, VERNON			NAME	Clark, Vernon		
STREET ADDRESS	7015 S FITZGERALD ST			STREET ADDRESS	7402 Sparkman St, S,		
CITY-STATE-ZIP	TAMPA FL 33616-1511			CITY-STATE-ZIP	Tempe, FL 33616		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARD, DAYTON R			NAME			
STREET ADDRESS	18050 US HWY 301 S.			STREET ADDRESS			
CITY-STATE-ZIP	WIMAUMA FL 33598			CITY-STATE-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESTBROOK, WILLIAM B.			NAME			
STREET ADDRESS	127 LITHIA PINECREST RD.			STREET ADDRESS			
CITY-STATE-ZIP	BRANDON FL 33511			CITY-STATE-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITMER, STEVEN			NAME			
STREET ADDRESS	818 LOWRY LN			STREET ADDRESS			
CITY-STATE-ZIP	TAMPA FL 33604			CITY-STATE-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWE, FRANK E			NAME			
STREET ADDRESS	PO BOX 214			STREET ADDRESS			
CITY-STATE-ZIP	BRANDON FL 33509			CITY-STATE-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRICKLAND, GUY			NAME			
STREET ADDRESS	6627 SIMMONS LOOP			STREET ADDRESS			
CITY-STATE-ZIP	RIVERVIEW FL 33569			CITY-STATE-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 titles empowered.

SIGNATURE: *William B Westbrook* **William B Westbrook 813)689-1625**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **1-26-2007** Daytime Phone #