


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90036 013 ****61.25

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # C10020 1. Entity Name SAINT CLOUD LODGE NO. 221 FREE AND ACCEPTED MASONS OF FLORIDA | | | |  | |
| Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US | | | Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN STREET 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 | | 4. FEI Number 23-7193178 | |
| Zip | | Country | | 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 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 LETHENSTROM, JACK D <input checked="" type="checkbox"/> Delete | | TITLE | JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | 521 BROWN CHAPEL RD | | NAME | Howard Wayne Ridenour | |
| STREET ADDRESS | SAINT CLOUD, FL 347692037 | | STREET ADDRESS | 312 Pineland Ct #B | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Saint Cloud, FL 34769-1515 | |
| TITLE | D SHONYO, BOBBY L <input type="checkbox"/> Delete | | TITLE | | |
| NAME | 4093 LIPPMAN RD | | NAME | | |
| STREET ADDRESS | SAINT CLOUD, FL 347727721 | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | SD SHARP, ALVIN R JR <input checked="" type="checkbox"/> Delete | | TITLE | SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | 5620-88 LAKE LIZZIE DR | | NAME | George P Rosso | |
| STREET ADDRESS | SAINT CLOUD, FL 347719408 | | STREET ADDRESS | 3255 Packard Ave | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Saint Cloud FL 34772-8126 | |
| TITLE | T BUSSEN, ROBERT W <input type="checkbox"/> Delete | | TITLE | | |
| NAME | 1819 ASHTON DR E | | NAME | | |
| STREET ADDRESS | SAINT CLOUD, FL 347714371 | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | D MOORE, JOSEPH C <input type="checkbox"/> Delete | | TITLE | | |
| NAME | 2931 HAM BROWN DR | | NAME | | |
| STREET ADDRESS | KISSIMMEE, FL 347463418 | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | | |
| 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: <u>George P. Rosso</u> SECRETARY 3-3-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

407.590-8434