

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-16-2007 90040 014 ***61.25

FILED C10028

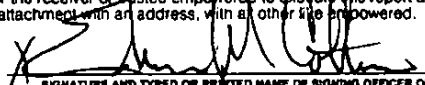
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20007737



01202007 Chg-NP CR2E037 (12/06)

DOCUMENT # C10028					
1. Entity Name WEST FLORIDA LODGE NO. 210 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		
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	4. FEI Number 23-7526460	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$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: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature is required when reissuing) 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 Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	JW	☒ Delete	TITLE	WORSHIPFUL MASTER (D)	☒ Change ☐ Addition
NAME	PATE, HAROLD G		NAME	Robert Huel Kennedy	
STREET ADDRESS	6420 RIVERBEND RD		STREET ADDRESS	5121 Molino Rd	
CITY-ST-ZIP	MOLINO, FL 325774136		CITY-ST-ZIP	Molino FL 32577-3029	
TITLE	D	☒ Delete	TITLE	SENIOR WARDEN (D)	☒ Change ☐ Addition
NAME	ROGERS, THORNTON L SW		NAME	Harold George Pate	
STREET ADDRESS	6151 FAIRGROUND RD		STREET ADDRESS	6420 Riverbend Rd	
CITY-ST-ZIP	MOLINO, FL 325774159		CITY-ST-ZIP	Molino FL 32577-4136	
TITLE	D	☒ Delete	TITLE	JUNIOR WARDEN (D)	☐ Change ☒ Addition
NAME	KENNEDY, ROBERT H JW		NAME	James Joseph Ganey Sr	
STREET ADDRESS	5121 MOLINO RD		STREET ADDRESS	1443 Newcastle Way	
CITY-ST-ZIP	MOLINO, FL 325773029		CITY-ST-ZIP	Pensacola FL 32534-9393	
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MILLER, SR, GENE R		NAME		
STREET ADDRESS	1505 BELL CREEK RD		STREET ADDRESS		
CITY-ST-ZIP	JAY, FL 325657700		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COTTEN, EDWARD M		NAME		
STREET ADDRESS	4045 WINDSOR LN		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 325718838		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 title empowered.					
SIGNATURE: 			Secretary Edward M. Cotten 3-7-07 850-994-5499		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		