


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-07-2007 90075 050 ****61.25

DOCUMENT # C10031					
1. Entity Name SAINT ANDREWS LODGE NO. 212 FREE ANDD 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		05022007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1379644	
				Applied For Not Applicable	
				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			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 _____					
Filing Fee is \$61.25 Due by September 14, 2007		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	WMD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRKAPATRICK, PAUL E		NAME	Lloyd, Jr., Jack M.	
STREET ADDRESS	221 NORTH MACARTHUR AVE		STREET ADDRESS	1020 Buena Vista Boulevard	
CITY-ST-ZIP	PANAMA CITY, FL 324013861		CITY-ST-ZIP	Panama City, FL 32401-2157	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYREE, GREGORY G		NAME		
STREET ADDRESS	8307 CLUSTER RD		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 324045063		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHTOWER, ROY A		NAME		
STREET ADDRESS	2613 W 27TH ST		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 324052108		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASS, VIRGIL D		NAME	Smith, David S.	
STREET ADDRESS	3541 FLORIDA AVE		STREET ADDRESS	8514 Laird Street	
CITY-ST-ZIP	PANAMA CITY, FL 324053324		CITY-ST-ZIP	Panama City Beach, FL 32408-7820	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, RICHARD T		NAME	Redd, Mitchell H.	
STREET ADDRESS	5403 MERRITT BROWN RD		STREET ADDRESS	3700 W. 22nd Plaza	
CITY-ST-ZIP	PANAMA CITY, FL 324043032		CITY-ST-ZIP	Panama City, FL 32405-1311	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE: <i>Roy A. Hightower</i>			+ - 27 - 07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		
			(850) 785-0051		