


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90169 021 ****61.25

DOCUMENT # C10036	
1. Entity Name EOLA LODGE NO. 207 FREE AND ACCEPTED MASONS OF FLORIDA	

Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202
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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

01202007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6132663	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	

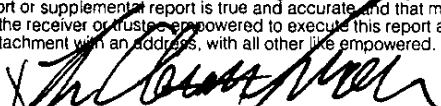
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	WMD <input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, III, HERBERT WILSON	NAME	Steven Michael Jones
STREET ADDRESS	3615 E ESTHER ST	STREET ADDRESS	12993 Mallory Cir
CITY-ST-ZIP	ORLANDO, FL 328125116	CITY-ST-ZIP	Orlando FL 32828-3824
TITLE	SWD <input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, STEVEN MICHAEL	NAME	James Walter Palow
STREET ADDRESS	7534 SUN TREE WALTER PALOW	STREET ADDRESS	P O Box 691244 N/A
CITY-ST-ZIP	ORLANDO, FL 328075165	CITY-ST-ZIP	Orlando FL 32869-1244
TITLE	JWD <input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALOW, JAMES WALTER	NAME	Ronald Francis Born
STREET ADDRESS	5825 PARKVIEW POINTE DR	STREET ADDRESS	2304 Lawanna Dr
CITY-ST-ZIP	ORLANDO, FL 328217965	CITY-ST-ZIP	Orlando FL 32807-8514
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUMLEY, HARRY GILBERT III	NAME	Rudolf Alexander Spoerer
STREET ADDRESS	618 LAKE SHORE DR	STREET ADDRESS	10746 Garden Lily Dr
CITY-ST-ZIP	MAITLAND, FL 327513214	CITY-ST-ZIP	Orlando FL 32832-5863
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	
NAME	RICE, THOMAS SEVILLE	NAME	
STREET ADDRESS	2913 DONDEL DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 328125847	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:  **Rudolf Spoerer** **3/7/07** **407-288-2778**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #