
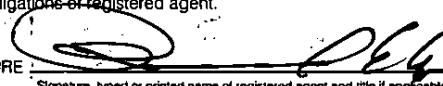
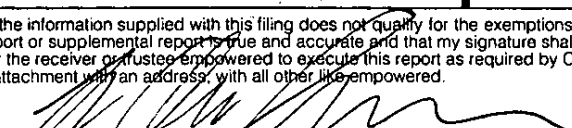


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90023 003 \*\*\*\*61.25

<b>DOCUMENT # C10036</b> 1. Entity Name <b>EOLA LODGE NO. 207 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02082008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-6132663</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			Name <b>Lynn Richard Edward</b> (Accept 5/1/08) <b>220 Ocean Street</b> <b>Jacksonville, Florida 32202</b>		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
SIGNATURE 			DATE <b>3/26/08</b>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BORN, RONALD F		NAME	Martin David Schwebel	
STREET ADDRESS	2304 LAWANNA DR		STREET ADDRESS	1121 Via Del Mar	
CITY-ST-ZIP	ORLANDO, FL 32807		CITY-ST-ZIP	Winter Park, FL 32789-1362	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JONES, STEVEN MICHAEL		NAME	Tobe Myron Lev	
STREET ADDRESS	12993 MALLORY CIR		STREET ADDRESS	1230 DENNING DR	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	WINTER PARK, FL 32789-6122	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PALOW, JAMES WALTER		NAME	Luis Fernando Nunez	
STREET ADDRESS	PO BOX 691244		STREET ADDRESS	409 Sundown Trl	
CITY-ST-ZIP	ORLANDO, FL 32869		CITY-ST-ZIP	Casselberry, FL 32707-3150	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	BRUMLEY, HARRY GILBERT III		NAME		
STREET ADDRESS	618 LAKE SHORE DR		STREET ADDRESS		
CITY-ST-ZIP	MAITLAND, FL 327513214		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		
NAME	SPOERER, RUDOLF A		NAME		
STREET ADDRESS	10746 GARDEN LILY DR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32832		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	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.					
<b>SIGNATURE:</b> 			Date <b>3/18/08</b> Daytime Phone # <b>402-288-2778</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					