



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90147 031 \*\*\*\*61.25

<b>DOCUMENT # C10037</b> 1. Entity Name <b>TURKEY CREEK LODGE NO. 248 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 ST JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		<div style="text-align: center; font-size: 1.2em; font-weight: bold;">40066094</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>01202007    Chg-NP    CR2E037 (12/06)</span> <div style="border: 1px solid black; padding: 2px;">             4. FEI Number  <b>59-2487639</b> </div> <div style="border: 1px solid black; padding: 2px; font-size: 0.7em;">             Applied For              Not Applicable           </div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>5. Certificate of Status Desired    <input type="checkbox"/>    \$8.75 Additional Fee Required</span> </div>	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WM</b> <b>COOPER, JAMES D</b> <b>12428 KELSO RD</b> <b>THONOTOSASSA, FL 33592</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>WORSHIPFUL MASTER</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Anslay Ladow Hammell</b> <b>4506 Edwards Rd</b> <b>Plant City FL 33567-1858</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SW</b> <b>HAMMELL, ANSLEY L</b> <b>4506 EDWARDS RD</b> <b>PLANT CITY, FL 33567</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SENIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kenneth Wayne Minton</b> <b>4801 Vainie Ln</b> <b>Riverview FL 33569-4660</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JW</b> <b>GILLESPIE, LARRY R</b> <b>533 SCHUETTE RD</b> <b>PLANT CITY, FL 335671883</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>JUNIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John David Barnes</b> <b>3002 Tega Cay Ct</b> <b>Riverview FL 33569-3003</b> <b>#6</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ROBINSON, JOHN T</b> <b>800 WALNUT DR</b> <b>SEFFNER, FL 335843948</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SECRETARY</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>David James Mason</b> <b>3325 S Forber Rd</b> <b>Dover FL 33527-5418</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TREASURER</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Larry Roger Gillespie</b> <b>533 Schuette Rd</b> <b>Plant City FL 33567-1883</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> <i>David Mason</i> <b>DAVID MASON</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<div style="display: flex; justify-content: space-between;"> <span><i>4-7-07</i>    813-249-6453</span> </div> <small>Date                      Daytime Phone #</small>	