


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90039 038 \*\*\*\*61.25

<b>DOCUMENT # C10038</b>					
1. Entity Name <b>SEBRING LODGE NO. 249 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST. 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			
Zip	Country	Zip	Country	4. FEI Number <b>59-1651185</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
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	WILLIAMS, KENNETH M		NAME	Ross Lee Canright	
STREET ADDRESS	P.O. BOX 589		STREET ADDRESS	237 Margarett Dr	
CITY-ST-ZIP	SEBRING, FL 33871		CITY-ST-ZIP	Avon Park FL 33825-2327	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANRIGHT, ROSS L		NAME	Kevin E Collier	
STREET ADDRESS	237 MARGARETT DR		STREET ADDRESS	3411 Austin St	
CITY-ST-ZIP	AVON PARK, FL 338252327		CITY-ST-ZIP	Sebring FL 33872-3112	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, MICHAEL P		NAME		
STREET ADDRESS	2434 S LAKE LETTA DR		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK, FL 338259635		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN EVERY, DESHA O		NAME	Owen Martin Young	
STREET ADDRESS	276 WHIP-POOR-WILL DR		STREET ADDRESS	1033 Ferndale Ave	
CITY-ST-ZIP	SEBRING, FL 33872		CITY-ST-ZIP	Sebring FL 33870-3034	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLIER, KEVIN E		NAME	Bruce Kenneth Duncan	
STREET ADDRESS	3411 AUSTIN ST		STREET ADDRESS	342 Ellison Ave	
CITY-ST-ZIP	SEBRING, FL 338723112		CITY-ST-ZIP	Lake Placid FL 33852-6030	
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>Owen M. Young</i>			Date: <i>3/9/07</i>		Daytime Phone #: <i>863-385-3382</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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