
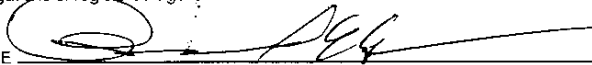
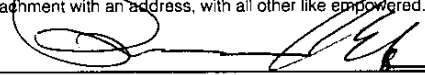


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90188 045 ****61.25

DOCUMENT # C10038					
1. Entity Name SEBRING LODGE NO. 249 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			Mailing Address 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		4. FEI Number 59-1651185	
Zip		Country		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			Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
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 		4/30/08		DATE	
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, 2008		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					
TITLE		D <input checked="" type="checkbox"/> Delete		WORSHIPFUL MASTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		DUNCAN, BRUCE K		Kevin E Collier	
STREET ADDRESS		342 ELLISON AVE		3411 Austin St	
CITY-ST-ZIP		LAKE PLACID, FL 33852		Sebring FL 33872-3112	
TITLE		D <input checked="" type="checkbox"/> Delete		TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		CANRIGHT, ROSS L		Howard Wayne Hart	
STREET ADDRESS		237 MARGARETTE DR		204 E Pine St	
CITY-ST-ZIP		AVON PARK, FL 338252327		Sebring, FL 33875-1039	
TITLE		TD <input checked="" type="checkbox"/> Delete		SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		BYERS, MICHAEL P		Scott Randall Johnson	
STREET ADDRESS		2434 S LAKE LETTA DR		3011 Par Rd	
CITY-ST-ZIP		AVON PARK, FL 338259635		Sebring, FL 33872-1261	
TITLE		S <input type="checkbox"/> Delete		JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		YOUNG, OWEN M		Charles H Cohenour	
STREET ADDRESS		1033 FERNDAL AVE		4315 Lewis Ave	
CITY-ST-ZIP		SEBRING, FL 33870		Sebring, FL 33875-5134	
TITLE		D <input checked="" type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		COLLIER, KEVIN E		STREET ADDRESS	
STREET ADDRESS		3411 AUSTIN ST		CITY-ST-ZIP	
CITY-ST-ZIP		SEBRING, FL 338723112		TITLE	
TITLE		<input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		2/30/08		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

60035930



04292008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

(NOTE: Registered Agent signature required when reinstating)

10. OFFICERS AND DIRECTORS

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NAME			STREET ADDRESS
STREET ADDRESS			CITY-ST-ZIP
CITY-ST-ZIP			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #