


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90169 027 \*\*\*\*61.25

<b>DOCUMENT # C10040</b> 1. Entity Name <b>J. F. SWARTSEL LODGE NO. 251 FREE AND ACCEPTED MASON'S OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O 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>59-6173800</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
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 <span style="float: right;"><b>FL</b></span> 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 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	WELLS, JOSEPH P		NAME	<del>WELLS, JOSEPH P</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	35641 STATE RD 52		STREET ADDRESS	William Leroy Boertz	
CITY-ST-ZIP	DADE CITY, FL 335258235		CITY-ST-ZIP	2113 W Okaloosa Ave Tampa FL 33604-1027	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	<del>SENIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOARTZ, WILLIAM L		NAME	Gregory Lynn Savage	
STREET ADDRESS	2113 WEST OKALOOSA AVE		STREET ADDRESS	25409 Seven Rivers Cir	
CITY-ST-ZIP	TAMPA, FL 336041027		CITY-ST-ZIP	Land O Lakes FL 34639-9514	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMBERT, DAVID B		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	23342 JEROME RD		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	LAND O LAKES, FL 346392725		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, DONALD R		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	12721 SUMMIT ST		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	TAMPA, FL 336124058		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	<del>JUNIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CRABTREE, ROBERT L		NAME	Drew Michael Keenan	
STREET ADDRESS	3720 MCCLOUD ST		STREET ADDRESS	326 20th Ave. N.E.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 346552606		CITY-ST-ZIP	St. Petersburg, FL 33704-3515	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP			CITY-ST-ZIP	<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: X</b> <u>Donald Bell</u> <u>Donald Bell</u>			3-20-07 813-949-4814		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		