## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



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Secretary of State
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	AY LODGE NO. 252 FREE AI OF FLORIDA	ND ACCEPTED					
220 OCEAN :	INOR SHEPPARD	Mailing Address C/O ROY CONNOR SHEPP 220 OCEAN ST. JACKSONVILLE, FL 3220				NEN ENEN EURA ENEN	161 O) 161)
2. Principal P	lace of Business - No P.O. Box #	. Mailing Address	·				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01202007 Ch	g-NP CR2E	037 (12/06)	
City & Stat	е	City & State		4. FEI Number 23-7526487	7	<del>    - : :</del>	olied For Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired	\$8.75 Addi Fee Required	
	6. Name and Address of Current Re	jistered Agent		7. Name and Addr	ess of New Registered	i Agent	
SHEPPAR	D, ROY CONNOR		Name		_		
220 OCEA	N STREET VILLE, FL 32202		Street Address	s (P.O. Box Number is N	ot Acceptable)		
	,						l
			City		F	L Zip Code	,
	named entity submits this statement for th	e purpose of changing its re	egistered office or regist	tered agent, or both, in t	he State of Florida. I ar	n familiar with, a	and accept
the obligat	tions of registered agent.						i
SIGNATURE							
	Signature, typed or printed name of registered agent and	itle if applicable. (NOTE: F	Registered Agent signature requi	ired when reinstating)	DATE		
	Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make che	ck payable to artment of St	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees	Make che Florida Depa	ck payable to artment of St	ate
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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.

STATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

7217-155-55285

Daytime Phone #