2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State
03-23-2007 90016 016 ****61.25

DOCUMENT # C10048

1. Entity Name
TAVARES LODGE NO. 234 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US	ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US

01202007 Chg-NP CR2E037 (12/06)

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 59-6133689 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSENTHAL, BARRY A 1303 LAKESHORE BLVD TAVARES, FL 32778	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SENIOR WARDEN~~ (D) Wallace Samuel Grist 112 E Delaware St Tavares FL 32778-2139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOX, JACKIE 1332 NASSAU CIR TAVARES, FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CHARLES COX, RAYMOND PO BOX 367 HOWEY IN THE HILLS, FL 347370387	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SECRETARY~~ (D) Levi Terrance Heinemeyer 900 Vindale Rd Tavares FL 32778-5644	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VOSS, ROBERT M 1410 E ALFRED STREET TAVARES, FL 327783508	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TREASURER~~ (D) Claude Frederick Hull 1920 Sussex Dr Mount Dora FL 32757-6610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JW GRIST, WALLACE S 112 E DELAWARE ST TAVARES, FL 327782139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~JUNIOR WARDEN~~ (D) Patrick Henry Harper 35408 Radio Rd Leesburg FL 34788-3101	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: Levi T. Heinemeyer - Secy 3-13-07 352.742.2178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #