2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 21, 2008 8:00 am Secretary of State **DOCUMENT # C10053** 03-21-2008 90016 038 ****61.25 SOUTHLAND LODGE NO. 256 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address 40043407 ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 23-7010681 Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lynn, Richard Edward SHEPPARD, ROY CONNOR 5.c220 Ocean Street Thanker poby 220 OCEAN STREET JACKSONVILLE, FL 32202 Jacksonville, Florida 32202 Z o Codo 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, 1 am familiar with, and accept the obligations of registered agent. SIGNATURE → Make check payable to -Filing Fee is \$61.25 9. Election Campaign Financing \$5:00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. (D) 🗆 😅 JUNIOR WARDEN Delete TITLE TITLE HARRIS, PAUL W Benedetto Micholas Gagliano NAME NAME 4028 S WELLINGTON DR STREET ADDRESS STREET ADDRESS 6828 Farris Dr CITY-ST-ZIP LAKELAND, FL 338131074 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change MAKAL, JOSEPH H NAME NAME 404 OAK PRESERVE DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP WINTER HAVEN, FL 33880 CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition RAMOS, RONALD NAME NAME STREET ADDRESS 5440 FORESTBROOK DR EAST STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 338111676 CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ■ Addition MILLER, ALESTIUS T NAME NAME 209 ELMER ST STREET ADDRESS STREET ADDRESS AUBURNDALE, FL 338232508 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition PARKER, THARAN RAY NAME NAME P.O. BOX 1266 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33802 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

FILED