


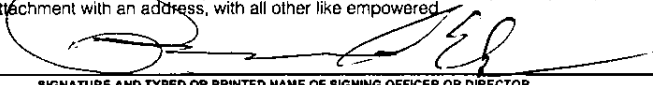


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2008 90188 030 ****61.25

DOCUMENT # C10063 1. Entity Name CLEARWATER LODGE NO. 127 FREE AND ACCEPTED MASON OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-0794113 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04292008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202					
7. Name and Address of New Registered Agent 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	D EUBANKS, JAMES W <input checked="" type="checkbox"/> Delete 1372 DRUID RD E CLEARWATER, FL 33756				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD VONDEREAU, JON PAUL <input checked="" type="checkbox"/> Delete 2291 GULF TO BAY BLVD CLEARWATER, FL 337654017				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENDES, JOSEPH <input checked="" type="checkbox"/> Delete 2193 CAMPUS DR CLEARWATER, FL 33764				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEMAR, RUSSELL PAUL <input type="checkbox"/> Delete 1007 24TH AVE N SAINT PETERSBURG, FL 337043242				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFIN, DAVID W <input type="checkbox"/> Delete 1108 SPENCER AVE CLEARWATER, FL 33756				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jon Paul Vonderau 12651 Seminole Blvd #1L Clearwater, FL 33778-2219					
SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph Gondos 2193 Campus Dr Clearwater, FL 33764-4805					
Junior Warden <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Glen Bishop 1469 S. Betty Lane Clearwater, FL 33756-2269					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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.					
SIGNATURE:  4/30/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					