

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10067

FILED
Apr 27, 2007
Secretary of State

Entity Name: BISCAYNE BAY LODGE NO. 124 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-0864083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LYNN, RICHARD E
Address: 4821 SW 186 AVE
City-St-Zip: SOUTHWEST RANCHES, FL 333321321

Title: WMD () Delete
Name: FOSSLER, CHARLES W
Address: 12610 SW 187TH TERRACE
City-St-Zip: MIAMI, FL 331773140

Title: SWD () Delete
Name: KRUEGER, ALLAN M
Address: 1011 NW 188TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029291

Title: JWD () Delete
Name: FOOTE, WAYNE F
Address: 3300 N STATE RD 7
City-St-Zip: HOLLYWOOD, FL 330211112

Title: S () Delete
Name: GRAHAM, WALTER S
Address: 15090 SW 104TH ST #1209
City-St-Zip: MIAMI, FL 331963278

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GRAHAM, WALTER S
Address: 10802 SW 88TH STREET, UNIT P7
City-St-Zip: MIAMI, FL 331761330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER S. GRAHAM

S

04/27/2007

Electronic Signature of Signing Officer or Director

Date