
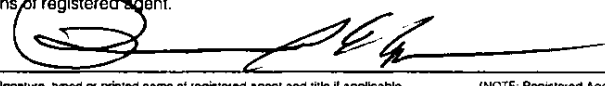
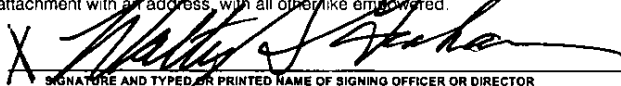


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90036 040 \*\*\*\*61.25

<b>DOCUMENT # C10067</b> 1. Entity Name <b>BISCAYNE BAY LODGE NO. 124 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent <b>SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name: <b>Lynn, Richard Edward</b> Street: <b>220 Ocean Street</b> City: <b>Jacksonville, Florida 32202</b>	
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: <b>3/10/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <input checked="" type="checkbox"/> NAME <input type="checkbox"/> Delete <b>LYNN, RICHARD E</b> STREET ADDRESS <b>4821 SW 186 AVE</b> CITY-ST-ZIP <b>SOUTHWEST RANCHES, FL 333321321</b>			TITLE <input type="checkbox"/> NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>JUNIOR WARDEN (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>Taleb Atala</b> STREET ADDRESS <b>8745 SW 109th St</b> CITY-ST-ZIP <b>Miami FL 33176-3755</b>		
TITLE <input type="checkbox"/> NAME <input checked="" type="checkbox"/> Delete <b>WMD</b> NAME <b>FOSSLER, CHARLES W</b> STREET ADDRESS <b>12610 SW 187TH TERRACE</b> CITY-ST-ZIP <b>MIAMI, FL 331773140</b>			TITLE <input type="checkbox"/> NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>WORSHIPFUL MASTER (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Allan Marshall Krueger</b> STREET ADDRESS <b>1011 NW 188th Ave</b> CITY-ST-ZIP <b>Pembroke Pines, FL 33029-2914</b>		
TITLE <input type="checkbox"/> NAME <input checked="" type="checkbox"/> Delete <b>SWD</b> NAME <b>KRUEGER, ALLAN M</b> STREET ADDRESS <b>1011 NW 188TH AVE</b> CITY-ST-ZIP <b>PEMBROKE PINES, FL 33029291</b>			TITLE <input type="checkbox"/> NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SENIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Wayne Franklin Foote</b> STREET ADDRESS <b>3300 N State Road 7</b> CITY-ST-ZIP <b>Hollywood, FL 33021-1112</b>		
TITLE <input type="checkbox"/> NAME <input checked="" type="checkbox"/> Delete <b>JWD</b> NAME <b>FOOTE, WAYNE F</b> STREET ADDRESS <b>3300 N STATE RD 7</b> CITY-ST-ZIP <b>HOLLYWOOD, FL 330211112</b>			TITLE <input type="checkbox"/> NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty row)		
TITLE <input checked="" type="checkbox"/> NAME <input type="checkbox"/> Delete <b>S</b> NAME <b>GRAHAM, WALTER S</b> STREET ADDRESS <b>10802 SW 88TH STREET, UNIT P7</b> CITY-ST-ZIP <b>MIAMI, FL 331761330</b>			TITLE <input type="checkbox"/> NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty row)		
TITLE <input type="checkbox"/> NAME <input type="checkbox"/> Delete (Empty row)			TITLE <input type="checkbox"/> NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition (Empty row)		
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 employment.					
SIGNATURE:  DATE: <b>3-3-08</b> DAYTIME PHONE: <b>305-270-1038</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					