


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90016 012 \*\*\*\*61.25

**DOCUMENT # C10069**

1. Entity Name  
**RED LEVEL LODGE NO. 134 FREE AND ACCEPTED MASONS 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**

**66007758**



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

01202007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**SHEPPARD, ROY CONNOR**  
**220 OCEAN ST**  
**JACKSONVILLE, FL 32202**

4. FEI Number  
**59-1662180**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 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 re-registering)

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD WILKS, CHARLES R 23407 NW CREEL LANE ALTHA, FL 324212509	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD BRANTON, JOSEPH S P.O. BOX 13 ALTHA, FL 324210013	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDENFIELD, RICHARD M 976 TIMERS LN MARIANNA, FL 32448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOLIN, PERRY G 23465 NW CREEL LN ALTHA, FL 324212509	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD GODWIN, JOHN D JR 22852 STATE RD 71 N ALTHA, FL 324214390	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MASTER (D) John David Godwin, Jr P.O. Box 434 N/A Altha FL 32421-0434	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) Charles Robert Wilks 23407 NW Creel Ln Altha, FL 32421-2509	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) Michael Dwan Trickey 16783 NE E B Trickey Dr Altha, FL 32421-4394	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 empowers.

SIGNATURE: *Charles R. Wilks* Date: **3/12/07** Phone: **850-762-8577**