


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90017 022 ****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

40049503



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02072008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-1662180

Applied For
 Not Applicable

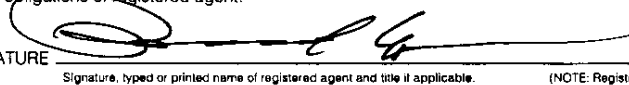
Zip Country Zip Country

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

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  DATE **3/18/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

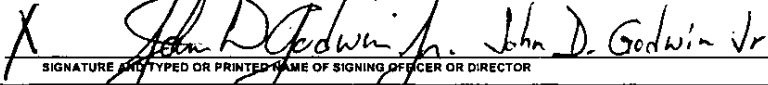
10. OFFICERS AND DIRECTORS

TITLE NAME ✓	D	WILKS, CHARLES R	<input type="checkbox"/> Delete
STREET ADDRESS		23407 NW CREEL LANE	
CITY-ST-ZIP		ALTHA, FL 324212509	
TITLE NAME ✓	D	GODWIN, JOHN D JR	<input type="checkbox"/> Delete
STREET ADDRESS		P O BOX 434	
CITY-ST-ZIP		ALTHA, FL 32421	
TITLE NAME ✓	TD	EDENFIELD, RICHARD M	<input type="checkbox"/> Delete
STREET ADDRESS		976 TIMERS LN	
CITY-ST-ZIP		MARIANNA, FL 32448	
TITLE NAME ✓	D	TRICKEY, MICHAEL O	<input type="checkbox"/> Delete
STREET ADDRESS		16783 NE E B TRICKEY DR	
CITY-ST-ZIP		ALTHA, FL 324212509	
TITLE NAME			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
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CITY-ST-ZIP			
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			

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:  DATE: **10 Mar 2008** DAYTIME PHONE #: **850.779.6134**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR