

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-23-2007 90016 013 \*\*\*\*61.25

<b>DOCUMENT # C10071</b>					
<b>1. Entity Name</b> ANCHOR LODGE NO. 182 FREE AND ACCEPTED MASONS OF FLORIDA					
<b>Principal Place of Business</b> ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			<b>Mailing Address</b> ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		
<b>2. Principal Place of Business - No P.O. Box #</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01202007 Chg-NP CR2E037 (12/06)	
<b>4. FEI Number</b> 23-7193179				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>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</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <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>TITLE</b> WMD <b>NAME</b> CURRY, JOHN M <b>STREET ADDRESS</b> 1300 15TH CT <b>CITY-ST-ZIP</b> KEY WEST, FL 330404104	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> WEITZEL, CHARLES <b>STREET ADDRESS</b> 150 SEALANE TAMARAC PK <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> WALTER WAITE, CHARLES <b>STREET ADDRESS</b> 929 A TRUMAN AVE <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input type="checkbox"/> Delete				
<b>TITLE</b> SWD <b>NAME</b> RAMINGH, RAJINDHAR M <b>STREET ADDRESS</b> 133 SW E DANVILLE CIR <b>CITY-ST-ZIP</b> PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> JWD <b>NAME</b> EPPEY, GREGORY S <b>STREET ADDRESS</b> 8 AZALEA DR <b>CITY-ST-ZIP</b> KEY WEST, FL 33040	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>SENIOR WARDEN</b> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<b>NAME</b> Justin William Woods <b>STREET ADDRESS</b> 3536 Northside Ct <b>CITY-ST-ZIP</b> Key West FL 33040-4213					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>SENIOR WARDEN</b> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<b>NAME</b> Larry Carl Baeder <b>STREET ADDRESS</b> 3655 Seaside Dr #224 <b>CITY-ST-ZIP</b> Key West FL 33040-5353					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>WARDEN MASTER</b> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<b>NAME</b> Gregory Scott Eppy <b>STREET ADDRESS</b> 8 Azalea Dr <b>CITY-ST-ZIP</b> Key West FL 33040-6206					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b> <i>Charles Waite</i> <b>3/12/07</b> <b>305-291-0859</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					