
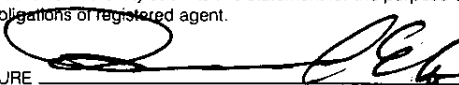
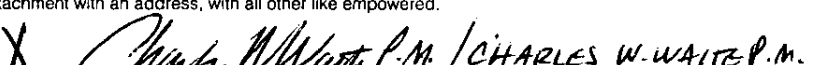


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90024 032 \*\*\*\*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		<b>4. FEI Number</b> 23-7193179	
Zip		Country		<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>  Lynn, Richard Edward 220 Ocean Street 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.</b>					
SIGNATURE 				DATE <u>3/31/08</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>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 STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WOODS, JUSTIN W 3536 NORTHSIDE CT KEY WEST, FL 330404213		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete WEITZEL, CHARLES 150 SEALANE TAMARAC PK KEY WEST, FL 33040		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TREASURE CHARLES WILLIAM ANSELL II 2809 FLAGLER AVE. KEY WEST, FL 33040	
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete WALTER WAITE, CHARLES 929 A TRUMAN AVE KEY WEST, FL 33040		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BAEDER, LARRY C 3655 SEASIDE DR. KEY WEST, FL 330405353		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete EPPY, GREGORY S 8 AZALEA DR. KEY WEST, FL 330406206		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) Michael William Truman 1209 Bay St Key West, FL 33040-3603	
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
<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> 				Date <u>3/24/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>305 717-0859</u>	