


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90168 022 ****61.25

DOCUMENT # C10074 1. Entity Name SUTHERLAND LODGE NO. 174 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business 1123 FLORIDA AVE PALM HARBOR, FL 34682-0128			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7526444	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WOOD, JARVIS O 3243 MACGREGOR DR PALM HARBOR, FL 346842347	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD THOMAS, LOUIS I 8201 DIAGONAL RD N SAINT PETERSBURG, FL 337023648	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAMES, KENNETH R II 1037 NEW YORK AVE PALM HARBOR, FL 346833532	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD WARNER, KENNETH A 220 WHISPER LAKE RD PALM HARBOR, FL 346835546	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD BROOKS, RICHARD C 2825 COUNTRYBROOK DR K13 PALM HARBOR, FL 346844805	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) Kenneth Ronald James Sr PM 90 <input checked="" type="checkbox"/> Addition 1116 Nebraska Ave Palm Harbor FL 34683-4031 JUNIOR WARDEN (D) Frank Xavier Gaughan III <input checked="" type="checkbox"/> Addition 4049 Wellington Pkwy Palm Harbor FL 34685-1175 WORTHINGTON MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kenneth Allen Warner 3249 Buckhorn Dr Clearwater FL 33761-2308 SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Richard Connylle Brooks 2825 Countrybrook Dr #K13 Palm Harbor FL 34684-4805 <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 empowered.					
SIGNATURE: <i>Jarvis O. Wood</i> Jarvis Wood 3-22-07 727-784-1305 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					