
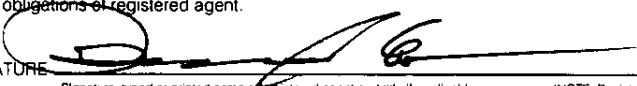
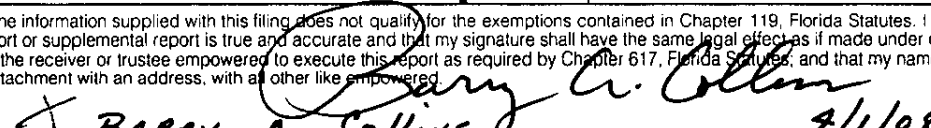


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-18-2008 90024 035 ****61.25

DOCUMENT # C10075					
1. Entity Name FRANCIS T. HURLBERT LODGE NO. 259 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1688795	
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 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:  4/17/07					
(NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILBORN, NATHAN 965 B ELDORADO CIR. JACKSONVILLE, FL 32227	<input checked="" type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP	WORSHIPFUL MASTER (D) William Edward Kirkland 521 W McGee St S Jacksonville FL 32220-3386	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLLINS, BARRY A 4141 PITTMAN DR JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP	TREASURER (D) Robert Loren Young 4521 W Castlewood Dr Jacksonville FL 32206-6129	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRKLAND, WILLIAM E 258 MERCURY DR ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP	JUNIOR WARDEN (D) Thomas L Richmond 12489 Highview Dr Jacksonville FL 32225-5725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WILSON, RONALD WELDON 12081 SIMMONS RD JACKSONVILLE, FL 322187517	<input checked="" type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP	SENIOR WARDEN (D) Detlev J Wilkerson 8963 Shindler Crossing Dr Jacksonville FL 32222-2173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:  7/1/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (904) 542-3757					
ACTING SECRETARY					