## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # C10076

1. Entity Name
ALPHA LODGE NO. 172 FREE AND ACCEPTED MASONS
OF EL OPIDA



**FILED** 

Mar 13, 2007 8:00 am Secretary of State

03-13-2007 90015 034 \*\*\*\*61.25

| OF FLOR  | IDA  |   | '  |  |   |  |   |                                |                             |
|--|--|---|--|--|---|--|---|--------------------------------|-----------------------------|
| 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.                         |  |  | <b>_</b> quu.   | )4v*•  |   |                                |                             |
| JACK20NVILL  | .E, FL 32202 US  | JACKSONVILLE, FL 322  | 202 US   | <b>)</b>   |   |  |   |                                |                             |
| 2. Principal Place of Business - No P.O. Box # 3. N  |  | 3. Mailing Address  | 3. Mailing Address   |  |   |  |   |                                |                             |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  | 01202007  | Chg-NP   | CR2E037                                   | (12/06)                        |                             |
| City & State   |  | City & State  |  |  | 4. FEI Number 23-7193   |  |   | <u> </u>                       | optied For<br>ot Applicable |
| Zip  | Country  | Zip   | Count  | lry  | 5. Certificate of   | of Status Desired  |   | 8.75 Add                       |                             |
|  | 6. Name and Address of Current F   | Registered Agent  |  |  | 7. Name and   | Address of New F   | Registered A                              | gent                           |                             |
| SHEPPARD, ROY CONNOR   |  |   |  | Name   |   |  |   | -                              |                             |
| 220 OCEA   |  |   | Street Addre   |  | (P.O. Box Number  | r is Not Acceptable  | e)  | <del>-</del>                   |                             |
| JACKSON'   | VILLE, FL 32202  |   | -  |  |   |  |   |                                |                             |
|  |  |   | -  | City   |   |  | FL  | Zip Cod                        |                             |
|  | named entity submits this statement for ions of registered agent.  | the purpose of changing its   | registered   | d office or regist   | tered agent, or both  | n, in the State of Fl  |   | miliar with,                   | and accept                  |
| the obligati   |  | nd title if socilicable. (NOTE  | E: Registered A  | Agent signature requir   | red when reinstating)   |  | DATE                                      | <u>.</u>                       | <del></del>                 |
| the obligati   | Signature, typed or printed name of registered agent a   | ing title if applicable. (NOTE  | E: Registered A  | Agent signature requir   | red when reinstating)   |  | DATE                                      |                                |                             |
| the obligati   |  | 9. Election Car<br>Trust Fund C   | npaign Fin   | nancing _  | \$5.00 May Be<br>Added to Fees  | 7 1  | DATE<br>Take check<br>rida Departi        |                                |                             |
| the obligati   | Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIR   | 9. Election Car<br>Trust Fund C   | npaign Fin   | nancing _  | \$5.00 May Be<br>Added to Fees  | 7 1  | lake check<br>rida Departr                | nent of S                      | tate                        |
| SIGNATURE -  | Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIR S   | 9. Election Car<br>Trust Fund C   | mpaign Fin<br>Contribution   | nancing _  | \$5.00 May Be<br>Added to Fees  | Flo  | fake check<br>rida Departr<br>RS AND DIRI | nent of S                      | tate                        |
| SIGNATURE -  10.  TITLE NAME   | Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007  OFFICERS AND DIR S EASOM, ROBERT L   | 9. Election Car<br>Trust Fund C   | mpaign Fin<br>Contribution<br>11,<br>TITLE<br>NAME   | nancing  | \$5.00 May Be<br>Added to Fees  | Flo  | fake check<br>rida Departr<br>RS AND DIRI | nent of S<br>ECTORS IN         | tate                        |
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| * SIGNATURE _  10.  TITLE NAME    STREET ADDRESS CITY-ST-ZIP TITLE NAME  | Signature, typed or printed name of registered agent a  Filling Fee is \$61.25  Due by May 1, 2007  OFFICERS AND DIR  S EASOM, ROBERT L 204 NEWCASTLE DR FORT WALTON BEACH, FL 325- WM DRIVER, WAYNE W   | 9. Election Car<br>Trust Fund C<br>ECTORS  Delete                             | npaign Fin<br>Contribution<br>11.<br>TITLE<br>NAME<br>STREET<br>CITY-S<br>TITLE<br>NAME  | ADDRESS ST-ZIP   | \$5.00 May Be Added to Fees ADDITIONS/CHA   | FION   | Take check<br>rida Departi                | ment of S<br>ECTORS IN         | tate 110 Addition           |
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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.

STREET ADDRESS CITY-ST-ZIP

**SIGNATURE** 

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/07

850.243.8051

Daytime Phone #