
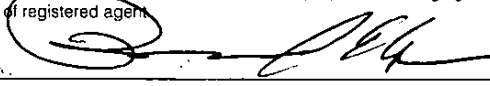


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90036 003 ****61.25

DOCUMENT # C10076 1. Entity Name ALPHA LODGE NO. 172 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 23-7193180	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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  DATE 3/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <input checked="" type="checkbox"/> S NAME STREET ADDRESS CITY-ST-ZIP	EASOM, ROBERT L 204 NEWCASTLE DR FORT WALTON BEACH, FL 325472446		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input checked="" type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	BREGE, BRUCE CLYDE 9 FAWN LN. SHALIMAR, FL 325792118		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input checked="" type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	HAWTHORNE GAILLARD, DAVID JR. 4081 INDIAN TRL. DESTIN, FL 325414325		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	JUNIOR WARDEN (D) Albert Charles Taylor 741 Brian Circle Mary Esther, FL 32569-1643	
TITLE <input checked="" type="checkbox"/> TD NAME STREET ADDRESS CITY-ST-ZIP	MCSWAIN, WILLIAM EARL 203 MORIATITY STREET N.W. FORT WALTON BEACH, FL 325484214		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input checked="" type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	NYSTROM, DONALD ARTHUR JR. 515 WINTHROP ST. FORT WALTON BEACH, FL 32547		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <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:  Robert L. EASON, Secretary 3/14/08 850-243-805 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					