
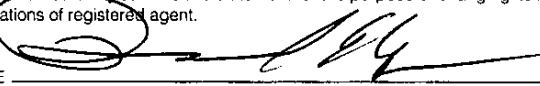


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90036 050 ****61.25

DOCUMENT # C10079 1. Entity Name DEFUNIAK LODGE NO. 170 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address 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		Country		4. FEI Number 51-0212785	
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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div> 3/10/08 <small>DATE</small> </div> </div>					
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	
<div style="text-align: right;"> Make check payable to, Florida Department of State </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <input checked="" type="checkbox"/> T NAME STREET ADDRESS CITY-ST-ZIP	GATES, JOSEPH A <input type="checkbox"/> Delete 610 PINWOOD DR DEFUNIAK SPRINGS, FL 324334536		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Daniel Maurice Bodiford 334 S 13th St Defuniak Springs FL 32435-2420	
TITLE <input type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	BASS, JOHN HUGH <input checked="" type="checkbox"/> Delete 2672 COUNTY HIGHWAY 278 DEFUNIAK SPRINGS, FL 32435		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Martin Registrar 1095 N 20th St Defuniak Springs FL 32433-1554	
TITLE <input type="checkbox"/> TD NAME STREET ADDRESS CITY-ST-ZIP	REGISTAR, ROBERT MARTIN <input checked="" type="checkbox"/> Delete 1095 N 20TH ST DEFUNIAK SPRINGS, FL 324334771		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	(Empty) <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> D NAME STREET ADDRESS CITY-ST-ZIP	HERRING, ROY RONALD <input type="checkbox"/> Delete 2192 BROWN RD DEFUNIAK SPRINGS, FL 324334057		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	(Empty) <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> S NAME STREET ADDRESS CITY-ST-ZIP	BROWN, FREDERICK M <input type="checkbox"/> Delete 862 W SPRUCE ST DEFUNIAK SPRINGS, FL 32435		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	(Empty) <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> (Empty) NAME STREET ADDRESS CITY-ST-ZIP	(Empty) <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	(Empty) <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:  Frederick M. Brown Secretary <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				850-892-3263 <small>Daytime Phone</small>	