
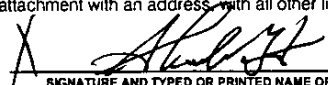


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 8:00 am
Secretary of State

06-05-2007 90013 023 ****61.25

DOCUMENT # C10081 1. Entity Name GRAND RIDGE LODGE NO. 169 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		4. FEI Number 23-7526440	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <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, 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 <input checked="" type="checkbox"/> S STREET ADDRESS CITY-ST-ZIP	GANSTINE, SHANNON A 810 MORGAN AVE CHATTAHOOCHEE, FL 323241727		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input checked="" type="checkbox"/> JWD STREET ADDRESS CITY-ST-ZIP	DICKSON, CHARLES 1926 INWOOD RD GRAND RIDGE, FL 324424010		TITLE NAME <input checked="" type="checkbox"/> WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jerry Lane Alexander P O Box 425 N/A Sneads FL 32460-0425	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME <input checked="" type="checkbox"/> WMD STREET ADDRESS CITY-ST-ZIP	EDWARDS, WALTER GLENN 7937 OLD SPANISH TRI SNEADS, FL 32460		TITLE NAME <input checked="" type="checkbox"/> JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven Edwards 6922 Singletary St Grand Ridge FL 32442-8901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME <input checked="" type="checkbox"/> T STREET ADDRESS CITY-ST-ZIP	DEATON, JOHN W 8110 HAWLEY ST SNEADS, FL 324602447		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME <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:  Shannon Ganstine			5-31-07 904-354-2339		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		