2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007
Secretary of State

DOCUMENT# C10087

Entity Name: SANFORD LODGE NO. 62 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 23-7168468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: WMD ( ) Delete
Name: SCHMITT, RAYMOND R
Address: 212 PARK AVE NORTH
City-St-Zip: SANFORD, FL 32771

Title: SWD ( ) Delete
Name: WEST, RUIS
Address: 212 PARK AVE NORTH
City-St-Zip: SANFORD, FL 32771

Title: JWD ( ) Delete
Name: JEHAN, HENRY
Address: 212 PARK AVE NORTH
City-St-Zip: SANFORD, FL 32771

Title: TD ( ) Delete
Name: HARTMAN, JOHN M
Address: 212 PARK AVE NORTH
City-St-Zip: SANFORD, FL 32771

Title: SD ( ) Delete
Name: LUNSFORD, WARREN
Address: 212 PARK AVE NORTH
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SWD (X) Change ( ) Addition
Name: JEHAN JR, HENRY I
Address: 212 PARK AVE NORTH
City-St-Zip: SANFORD, FL 32771

Title: JWD (X) Change ( ) Addition
Name: HAWKINS, JAMES C
Address: 212 PARK AVE NORTH
City-St-Zip: SANFORD, FL 32771

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: FREDEY, DANA L
Address: 212 PARK AVE NORTH
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M HARTMAN T 03/01/2007

Electronic Signature of Signing Officer or Director — Date