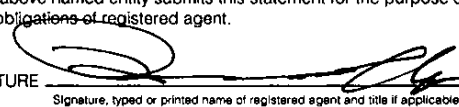


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90017 006 ****61.25

DOCUMENT # C10088 1. Entity Name MOORE HAVEN LODGE NO. 61 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNER SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNER SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202		
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		
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET 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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 3/18/08		
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD SACKS, EDWIN L <input checked="" type="checkbox"/> Delete 847 YACHT CLUB WAY MOORE HAVEN, FL 334712809				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD WILSON, GUY D <input checked="" type="checkbox"/> Delete 855 YACHT CLUB WAY MOORE HAVEN, FL 33471				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZARRELLA, JEFFREY J <input type="checkbox"/> Delete 2000 MAYFORD LAKE RD NW MOORE HAVEN, FL 334718691				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WUNSCH, THOMAS A <input checked="" type="checkbox"/> Delete 7770 COFFEE RD NW MOORE HAVEN, FL 334718715				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOUTHERLAND, NED G <input type="checkbox"/> Delete P.O. BOX 772 MOORE HAVEN, FL 334710772				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Duane Lee Rife 414 Avenue O SW Moore Haven FL 33471-2007				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Guy Dirwood Wilson 855 Yacht Club Way NW Moore Haven FL 33471-2823				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joel Case P O Box 3484 Clewiston, FL 33440-8175				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 3/13/08		
			DAYTIME PHONE # 863-946-2841		

40049521



01212008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6201338

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WMD
SACKS, EDWIN L ☒ Delete
847 YACHT CLUB WAY
MOORE HAVEN, FL 334712809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SWD
WILSON, GUY D ☒ Delete
855 YACHT CLUB WAY
MOORE HAVEN, FL 33471

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ZARRELLA, JEFFREY J ☐ Delete
2000 MAYFORD LAKE RD NW
MOORE HAVEN, FL 334718691

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
WUNSCH, THOMAS A ☒ Delete
7770 COFFEE RD NW
MOORE HAVEN, FL 334718715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
SOUTHERLAND, NED G ☐ Delete
P.O. BOX 772
MOORE HAVEN, FL 334710772

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JUNIOR WARDEN ☐ Change ☒ Addition
 Duane Lee Rife
414 Avenue O SW
Moore Haven FL 33471-2007

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WORSHIPFUL MASTER ☐ Change ☒ Addition
 Guy Dirwood Wilson
855 Yacht Club Way NW
Moore Haven FL 33471-2823

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TREASURER ☐ Change ☒ Addition
 Joel Case
P O Box 3484
Clewiston, FL 33440-8175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/13/08**

DAYTIME PHONE # **863-946-2841**