


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90168 030 ****61.25

DOCUMENT # C10093 1. Entity Name HIGH SPRINGS LODGE NO. 137 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2281817	
Country		Country		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 STREET JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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>	
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 STREET ADDRESS CITY-ST-ZIP	D TRAVIS, LARRY L SW 21603 NW 154TH PLACE HIGH SPRINGS, FL 326434521 <input checked="" type="checkbox"/> Delete		WOMANSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Steven Lynn Travis 15337 NW 214th Ter High Springs FL 32643-7796	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wendel Eugene Polk 19611 NW County Road 235A ALACHUA, FL 32615-4225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD TRAVIS, LARRY LEE 21603 N W 154TH PLACE HIGH SPRINGS, FL 326434521 <input checked="" type="checkbox"/> Delete		SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Homer Edward Corbin 335 SW Bay Pl Fort White FL 32038-2105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD TRAVIS, STEVEN LYNN 15337 NW 214TH TER HIGH SPRINGS, FL 326437796 <input checked="" type="checkbox"/> Delete		JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jason Patrick Evans P O Box 827 N/A High Springs FL 32655-0827		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIELLING, TOMMY I 13001 NW 202ND ST ALACHUA, FL 32615 <input type="checkbox"/> Delete		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELDER, JOE D 252 SW THORNE LN FORT WHITE, FL 320382148 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD CORBIN, HOMER EDWARD 335 SW BAY PL FORT WHITE, FL 320382105 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Wendel Polk</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-20-07 984-354-2339 <small>Date Daytime Phone #</small>		