

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2008 90017 023 ****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**

40049504



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2281817

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$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

**Lynn, Richard-Edward
220 Ocean Street
Jacksonville, Florida 32202**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/08

**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 **S**
POLK, WENDEL E ☐ Delete
STREET ADDRESS **19611 NW COUNTY ROAD 235A**
CITY-ST-ZIP **ALACHUA, FL 326154225**

TITLE ☒ NAME **D**
EVANS, JASON P ☐ Delete
STREET ADDRESS **P O BOX 827**
CITY-ST-ZIP **HIGH SPRINGS, FL 326550827**

TITLE ☒ NAME **D**
TRAVIS, STEVEN LYNN ☒ Delete
STREET ADDRESS **15337 NW 214TH TER**
CITY-ST-ZIP **HIGH SPRINGS, FL 326437796**

TITLE ☒ NAME **TD**
BIELLING, TOMMY I ☐ Delete
STREET ADDRESS **13001 NW 202ND ST**
CITY-ST-ZIP **ALACHUA, FL 32615**

TITLE ☒ NAME **D**
CORBIN, HOMER EDWARD ☐ Delete
STREET ADDRESS **335 SW BAY PL**
CITY-ST-ZIP **FORT WHITE, FL 320382105**

TITLE ☐ NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ NAME **JUNIOR WARDEN (D)** ☐ Change ☒ Addition
STREET ADDRESS **William Crawford Ross**
CITY-ST-ZIP **210 S Main St**
High Springs, FL 32643-9202

TITLE ☐ NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WENDEL POLK

Date

Daytime Phone #

3-11-08