
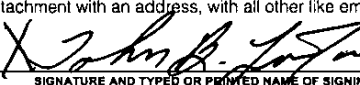


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90036 043 ****61.25

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|---|--|--|---|---|--|
| DOCUMENT # C10097 | | | |  | |
| 1. Entity Name ST. PETERSBURG LODGE NO. 139 FREE AND ACCEPTED MASONS OF FLORIDA | | | | | |
| Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 | | | Mailing Address C/O ROY CONNOR 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 | 4. FEI Number 59-0433157 | |
| 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 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  3/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ANTHONY MIGNONE, MICHAEL 761 43RD AVE N SAINT PETERSBURG, FL 337034640 | | WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles David Clinker 714 Plumbrook Rd Sun City Center FL 33573-6417 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRADBURY JR, JAMES F 4748 SHORE ACRES BLVD NE SAINT PETERSBURG, FL 337034216 | | SECRETARY (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition John Bruce Livingston 2725 46th Ave N Saint Petersburg FL 33714-3957 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERTONCINI, ARNOLD 2267 6TH AVE N SAINT PETERSBURG, FL 337137009 | | SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Timothy Vernon Long 1206 38th Ave N Saint Petersburg FL 33704-4 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LIVINGSTON, JOHN B 2725 46TH AVE N SAINT PETERSBURG, FL 33714 | | JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Earl Clayton Ray 4327 4th Ave N Saint Petersburg FL 33713-7309 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | <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:  John B. Livingston | | | 3-5-08 727-418-3356 <small>Date Daytime Phone #</small> | | |