


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90168 038 ****61.25

DOCUMENT # C10100 1. Entity Name ASHLAR LODGE NO. 98 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHEPPARD, ROY C 220 OCEAN STREET JACKSONVILLE, FL 32202				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	WM	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALDRON, PAUL M		NAME	David Michael Braddock	
STREET ADDRESS	765 FAVER DYKES RD		STREET ADDRESS	22 Beacon St	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320868046		CITY-ST-ZIP	Saint Augustine FL 32084-2183	
TITLE	SW	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	USINA, TROY J		NAME	Troy Jesse Usina	
STREET ADDRESS	2161 STATE RD 16		STREET ADDRESS	2161 State Road 16	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 3208408		CITY-ST-ZIP	Saint Augustine FL 32084-0815	
TITLE	JW	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANSON, KENNETH W		NAME	Kenneth Ward Ganson	
STREET ADDRESS	111 LEYDA BLDV		STREET ADDRESS	111 Leyda Blvd	
CITY-ST-ZIP	EAST PALATKA, FL 321314389		CITY-ST-ZIP	East Palatka FL 32131-4389	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	OWENS, JAMES W		NAME		
STREET ADDRESS	3720 ARROWHEAD CR		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320865591		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		
NAME	MCLENDON, WILLIAM H JR		NAME		
STREET ADDRESS	2711 RACE TRACK RD		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 320840539		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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>William H. McLendon Jr</u>			3-15-07 904-354-2339		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		