

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-13-2007 90015 020 ***61.25

C10103
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01182007 Chg-NP CR2E037 (12/06)

DOCUMENT # C10103					
1. Entity Name HERNANDO LODGE NO. 97 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
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 59-1657220	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WMD	☒ Delete	TITLE	JUNIOR WARDEN	☐ Change ☒ Addition
NAME	O'DELL, GERALD MERCEL		NAME	Daniel Lee Roiser	
STREET ADDRESS	1205 DOVE LN		STREET ADDRESS	17257 Brittle Rd	
CITY-ST-ZIP	BROOKSVILLE, FL 346011300		CITY-ST-ZIP	Brooksville FL 34601-2133	
TITLE	SWD	☒ Delete	TITLE	WORSHIPFUL MASTER	☐ Change ☒ Addition
NAME	HARRELL, JERE CLYDE		NAME	Jere Clyde Harrell	
STREET ADDRESS	21218 SNOW HILL RD		STREET ADDRESS	21218 Snow Hill Rd	
CITY-ST-ZIP	BROOKSVILLE, FL 346014136		CITY-ST-ZIP	Brooksville FL 34601-4136	
TITLE	JWD	☒ Delete	TITLE	SENIOR WARDEN	☐ Change ☒ Addition
NAME	MCCONNELL, JAMES E		NAME	James Edward McConnell	
STREET ADDRESS	18248 NICHOLAS AVE		STREET ADDRESS	18248 Nicholas Ave	
CITY-ST-ZIP	BROOKSVILLE, FL 346046827		CITY-ST-ZIP	Brooksville FL 34604-6827	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUNN, JEFFREY DAVID		NAME		
STREET ADDRESS	9025 COOPER TER		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 348015471		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HUGHES, HOWARD CLARK		NAME		
STREET ADDRESS	7231 RIVER COUNTRY DR		STREET ADDRESS		
CITY-ST-ZIP	WEEKI WACHEE, FL 348072040		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: <i>James E. McConnell</i>			DATE: <i>MARCH 5, 2007</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <i>352 238 6154</i>		