


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90050 043 ****61.25

DOCUMENT # C10108 1. Entity Name TRILBY LODGE NO. 141 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		01202007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 23-7526425	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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					
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME	ODOM, SIDNEY PETE		NAME	JOHN NEIL DRAGNEFF (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	P.O. BOX 2307		STREET ADDRESS	4518 State Road 50	
CITY-ST-ZIP	DADE CITY, FL 335262307		CITY-ST-ZIP	Webster FL 33597-4992	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORTHFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRATCHER, VIRGIL EARNEST		NAME	Virgil Earnest Bratcher	
STREET ADDRESS	21112 OLD TRILBY RD		STREET ADDRESS	21112 Old Trilby Rd	
CITY-ST-ZIP	DADE CITY, FL 335236692		CITY-ST-ZIP	Dade City FL 33523-6692	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINK, DAVID LEE		NAME	David Lee Hink	
STREET ADDRESS	502 DAVIDS LANE		STREET ADDRESS	P O Box 606 N/A	
CITY-ST-ZIP	TRILBY, FL 33593		CITY-ST-ZIP	Trilby FL 33593-0606	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COUNCIL, JOHN RAINEY		NAME	James Walker Gentry	
STREET ADDRESS	10503 WALTERS ROAD		STREET ADDRESS	P O Box 1081 N/A	
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP	Lacoochee FL 33537-1081	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	COUNCIL, JOHN R		NAME		
STREET ADDRESS	36709 COVINGTON RD		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	HERDLE, JAMES ALBERT		NAME		
STREET ADDRESS	9909 RICHWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34684153		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 duly empowered.					
SIGNATURE: <i>James Gentry</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
			James Gentry		
			Date 4/11/07 Daytime Phone # 352-563-0743		