

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90168 040 ****61.25

DOCUMENT # C10111					
1. Entity Name CORINTH LODGE NO. 93 FREE AND ACCEPTED MASONS OFFLORIDA					
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 23-7526389	
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 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 _____ <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, 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 NAME WELLS, JAMES A JR STREET ADDRESS 138 SW BRIARWOOD GLN CITY-ST-ZIP LAKE CITY, FL 320244928	<input checked="" type="checkbox"/> Delete		TITLE UNITED WARDEN (D) NAME Gerald Witt STREET ADDRESS 1220 SW East Ichetucknee CITY-ST-ZIP Lake City FL 32024-5086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SW NAME DAVISON, STEVE T STREET ADDRESS 258 SW MILLER TERR CITY-ST-ZIP LAKE CITY, FL 320257079	<input checked="" type="checkbox"/> Delete		TITLE WORSHIPFUL MASTER (D) NAME Steve Turner Davison STREET ADDRESS 258 SW Miller Ter CITY-ST-ZIP Lake City FL 32025-7079	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE JW NAME BALL, ROBERT L STREET ADDRESS 4543 LOWE LAKE RD CITY-ST-ZIP WELLBORN, FL 320942275	<input checked="" type="checkbox"/> Delete		TITLE UNITED WARDEN (D) NAME Robert Lee Ball STREET ADDRESS 4543 Lowe Lake Rd CITY-ST-ZIP Wellborn FL 32094-2275	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME WELLS, JAMES A SR STREET ADDRESS 135 SE OUSTER WAY CITY-ST-ZIP LAKE CITY, FL 320251753	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE T NAME DAVISON, WILBUR T STREET ADDRESS 312 SW MEANS ST CITY-ST-ZIP LAKE CITY, FL 320257075	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<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: <u>James A Wells</u> JAMES A. WELLS 3-18-2007 (386)755-4861					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					