2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10111

1. Entity Name CORINTH LODGE NO. 93 FREE AND ACCEPTED MASONS OFFLORIDA



			CO WE IN		
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		dantana umumuna dantana	II ANNI ANNO CORI BINO ANNO ANNO ANTONI
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212008 Chg-NP	CR2E037 (12/06)
City & State		City & State		4. FEI Number 23-7526389	Applied For Not Applicable
Zip	Country	Zip	Country	5 Certificate of Status Desired	-D \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New I	Registered Agent
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
,	***				<u> </u>
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					
Filing Fee is \$61.25 9. Election Campa Due by May 1, 2008 7 Trust Fund Con					Make check payable to
	Due by may 1, 2000	Trust Fund Co	ontribution.	Added to Fees	To be partition of otale
10.	OFFICERS AND DI		ontribution.	Added to Fees ADDITIONS/CHANGES TO OFFICE	2 4 2 4 2 2 4 2 2 4 2 2 4 2 4 2 4 2 4 2
		RECTORS	11.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 10
10. TITLE NAME	OFFICERS AND DI		11.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 10
TITLE NAME	OFFICERS AND DI D WITT, GERALD	RECTORS Delete	11. TITLE SE NAME MAG	ADDITIONS/CHANGES TO OFFICE NIOR WARDEN TRAIGN FICKEN	ERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS	D WITT, GERALD 1220 SW EAST ICHETUCKNEE	RECTORS Delete	11. TITLE SE NAME MORESS CITY STATE	ADDITIONS/CHANGES TO OFFICE NIOR WARDEN rk Alan Ficken of SE Jeremy Pl	ERS AND DIRECTORS IN 10 () Change Addition
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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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

NOTICE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/4/0 8 396-758-5669

Change

Addition

FILED

Mar 21, 2008 8:00 am Secretary of State

03-21-2008 90017 014 ****61.25