

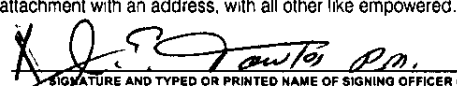


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90036 039 \*\*\*\*61.25

<b>DOCUMENT # C10112</b>					
<b>1. Entity Name</b> PERRY LODGE NO. 123 FREE AND ACCEPTED MASONS OF FLORIDA					
<b>Principal Place of Business</b> C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			<b>Mailing Address</b> C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 23-7161310	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			<b>7. Name and Address of New Registered Agent</b>  Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
<b>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.</b>					
SIGNATURE:  <span style="float: right;">3/10/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> FREEMAN, JONICE JEROME <b>STREET ADDRESS</b> 3100 GRAY BARD LN. <b>CITY-ST-ZIP</b> PERRY, FL 323487672	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> JUNIOR WARDEN (D) <b>NAME</b> Martin Audie Towles <b>STREET ADDRESS</b> 145551 Beach Rd <b>CITY-ST-ZIP</b> Perry FL 32348-7965	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input checked="" type="checkbox"/> <b>TITLE</b> D <b>NAME</b> THOMAS BRADY, JOHN JR. <b>STREET ADDRESS</b> 6384 WOODS CREEK RD. <b>CITY-ST-ZIP</b> PERRY, FL 323477087	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input checked="" type="checkbox"/> <b>TITLE</b> SD <b>NAME</b> TOWLES, JAMES EDWARD <b>STREET ADDRESS</b> 3288 FOLEY CUTOFF RD. <b>CITY-ST-ZIP</b> PERRY, FL 323483025	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input checked="" type="checkbox"/> <b>TITLE</b> TD <b>NAME</b> WILLIAMS, CARL RAYMOND SR. <b>STREET ADDRESS</b> 122 JIMMY ARCHER RD <b>CITY-ST-ZIP</b> PERRY, FL 32347	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input checked="" type="checkbox"/> <b>TITLE</b> JWD <b>NAME</b> FRAISER, RONDOL L <b>STREET ADDRESS</b> 5674 BEACH ROAD <b>CITY-ST-ZIP</b> PERRY, FL 323487935	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SENIOR WARDEN (D) <b>NAME</b> Rondol Leroy Fraiser <b>STREET ADDRESS</b> 5674 Beach Rd <b>CITY-ST-ZIP</b> Perry FL 32348-7935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			3/3/08 830 838 3488 <small>Date Daytime Phone #</small>		