

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90015 035 ****61.25

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01182007 Chg-NP CR2E037 (12/06)

DOCUMENT # C10115					
1. Entity Name OLIN S. WRIGHT LODGE NO. 79 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSSONVILLE, FL 32202		Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSSONVILLE, 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 23-7526377	
				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 ST 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	
Signature, typed or printed name of registered agent and title if applicable.					
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	D	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Addition
NAME	BETHEA, PHILIP P		NAME	Clarence Frank Rudolph IV	
STREET ADDRESS	1801 PRESERVATION DR		STREET ADDRESS	P O Box 292595	
CITY-ST-ZIP	PLANT CITY, FL 335660943		CITY-ST-ZIP	Tampa FL 33687-2595	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON POWELL, ROBERT II		NAME	Robert Wilson Powell II	
STREET ADDRESS	2916 BARRETT AVE		STREET ADDRESS	2916 Barrett Ave	
CITY-ST-ZIP	PLANT CITY, FL 335669566		CITY-ST-ZIP	Plant City FL 33566-9576	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITTONS, LOUIS K II		NAME	Louis Kelly Mitton II	
STREET ADDRESS	516 VALENCIA PARK DR		STREET ADDRESS	516 Valencia Park Dr	
CITY-ST-ZIP	SEFFNER, FL 335845494		CITY-ST-ZIP	Seffner FL 33584-5494	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIATT, BEJAMNIN P		NAME		
STREET ADDRESS	3411 KING GEORGE LANE		STREET ADDRESS		
CITY-ST-ZIP	SEFFNER, FL 335846115		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, WILLIAM H		NAME	Robert Alexander May	
STREET ADDRESS	2825 CLUB HOUSE DR		STREET ADDRESS	P O Box 1539 N/A	
CITY-ST-ZIP	PLANT CITY, FL 33567		CITY-ST-ZIP	Plant City FL 33564-1539	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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>Robert A. May</i>		Date: 3/16/07		Daytime Phone #: 904-354-2339	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					