
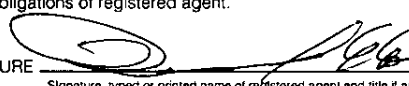
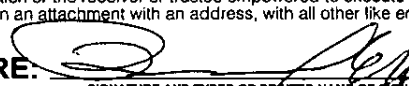


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90188 036 ****61.25

DOCUMENT # C10118 1. Entity Name INDIAN RIVER LODGE NO. 90 FREE AND ACCEPTED MASON'S OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
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 23-7208192	
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			Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
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  4/30/08 <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, 2008		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 type="checkbox"/> Delete	SENIOR WARDEN (D)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HEADLEY, ROBERT T		Ben Samuel Schwartz		
STREET ADDRESS	2795 HUTCHINSON PL		4230 Lee Hall Pl		
CITY-ST-ZIP	TITUSVILLE, FL 32780		Titusville FL 32927-3952		
TITLE	D	<input checked="" type="checkbox"/> Delete	JUNIOR WARDEN (D)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KOLB, JAMES R		Michael Dean Carter		
STREET ADDRESS	6415 ABERFOYLE AVE		250 Yuma Dr		
CITY-ST-ZIP	PORT SAINT JOHN, FL 329273191		Titusville FL 32796-2947	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	S	<input type="checkbox"/> Delete	TREASURER (D)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PAUL, ROGER K		Gregory Lewis Davis		
STREET ADDRESS	1615 DATE DR.		4620 US Highway 1		
CITY-ST-ZIP	TITUSVILLE, FL 327803337		Miami FL 32754-4915		
TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCAMIS, BARRY E		STREET ADDRESS		
STREET ADDRESS	P.O. BOX 122		CITY-ST-ZIP		
CITY-ST-ZIP	SCOTTSMOOR, FL 327750122		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	D	<input checked="" type="checkbox"/> Delete	NAME		
NAME	BROWN, JAMES C		STREET ADDRESS		
STREET ADDRESS	4250 IVANHOE DR		CITY-ST-ZIP		
CITY-ST-ZIP	TITUSVILLE, FL 327961083		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	NAME		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			TITLE	<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  4/30/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					