¹2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10119

1. Entity Name STAR LODGE NO. 78 FREE AND ACCEPTED MASONS OF FLORIDA



FILED Apr 20, 2007 8:00 am Secretary of State

04-20-2007 90081 028 ****61.25

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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									11: 1: 11:
Principal Place of Business - No P.O. Box # 3. Mailing A				Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01182007 Chg-NP CR2E037 (12/06)					
City & State			City & State				4. FEI Number 23-7163084					olied For Applicable	
Zip Country			Zip			untry		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered	Agent				7. Name and	Address of N	ew Registe	red Agent		
SHEPPARD, ROY C 220 OCEAN ST JACKSONVILLE, FL 32202						Name Street Address (P.O. Box Number is Not Acceptable)							
						City		•			FL Zip	Code)
	ions of regist	ty submits this statement for tered agent. I or printed name of registered agent						ed agent, or bo	th, in the State		am familiar	with, a	and accept
	EIII E-	n in \$64.25		9. Election Car						A4-1	L 4	blo to	
	_	e is \$61.25 May 1, 2007		· · Trust Fund (\$5.00 May 8 Added to Fees	3e	Florida De	heck paya spartment		
10.	Due by f		RECTORS	· · Trust Fund (Contribut	tion, - · -		Added to Fees ADDITIONS/CH	IANGES TO OF	FICERS AN	partment D DIRECTO	of Sta	10
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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.

| DONALD | R. | CANGWORT |

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SERICER OR DIRECTOR

3/5/07

727-585-2485

Daytime Phone #