2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State
03-13-2008 90037 024 ****61.25

DOCUMENT # C10119

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

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US	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

01212008   Chg-NP   CR2E037 (12/06)

Zip	Country	Zip	Country

4. FEI Number 23-7163084 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPPARD, ROY C
220 OCEAN ST
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Lynn, Richard, Edward (acceptable)
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 _____   3/10/08   DATE

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐   **$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	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	FLEEMAN, ROBERT L		NAME			
STREET ADDRESS	509 4TH AVE NE		STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 337705015		CITY-ST-ZIP			
TITLE	T	☒ Delete	TITLE	JUNIOR WARDEN (D)	☐ Change	☒ Addition
NAME	SALLIOTTE, DENNIS R		NAME	Charles Ray Jordan		
STREET ADDRESS	P.O. BOX 504		STREET ADDRESS	1816 Chateau Dr		
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 337850504		CITY-ST-ZIP	Clearwater, FL 33756-1808		
TITLE ✓	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	PREVATT, ROBERT R		NAME			
STREET ADDRESS	9444 JANICE LN		STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33773		CITY-ST-ZIP			
TITLE ✓	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	BUSKIRK, STEVEN A		NAME			
STREET ADDRESS	1709C BELLEAIR FOREST DR		STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 337561501		CITY-ST-ZIP			
TITLE	D	☒ Delete	TITLE	TREASURER (D)	☐ Change	☒ Addition
NAME	LANGWORTHY, DONALD R		NAME	Don Horton Harwood		
STREET ADDRESS	807 LAKE PALM DR		STREET ADDRESS	1823 Tropic Blvd N		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP	Largo, FL 33770-2108		
TITLE		☐ Delete	TITLE		☐ Change	☐ 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: _____ Steven A. Buskirk   3 March 2008   727-709-3282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #