


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90006 020 ****61.25

DOCUMENT # C10122 1. Entity Name APALACHICOLA LODGE NO. 76 FREE AND ACCEPTED MASON OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7526374	
Zip		Country		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 _____					
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					
TITLE	WMD	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS/DIRECTORS IN 10		
NAME	MOSES, CHARLIE W		TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	63 SHULER ST		NAME	Jeffrey Wayne Creamer	
CITY-ST-ZIP	EASTPOINT, FL 323283460		STREET ADDRESS	265 Morris Cannon Rd	
			CITY-ST-ZIP	Apalachicola FL 32320-2214	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, ELTON R		NAME	Elton Rockie Moore	
STREET ADDRESS	PO BOX 580		STREET ADDRESS	P O Box 580 N/A	
CITY-ST-ZIP	EASTPOINT, FL 323280580		CITY-ST-ZIP	Eastpoint FL 32328-0580	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CARROLL, JOHN W		NAME	Andrew Delynn Page	
STREET ADDRESS	225 POWER DR		STREET ADDRESS	P O Box 392 N/A	
CITY-ST-ZIP	EASTPOINT, FL 323203356		CITY-ST-ZIP	Eastpoint FL 32328-0392	
TITLE	S	<input type="checkbox"/> Delete	TITLE		
NAME	BARTON, CHARLEY EDWARD		NAME		
STREET ADDRESS	P.O. BOX 272		STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT, FL 323280272		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	DUNCAN, CARL W		NAME		
STREET ADDRESS	1416 BLUFF RD		STREET ADDRESS		
CITY-ST-ZIP	APALACHICOLA, FL 323201010		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
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>Charley E. Barton</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
<i>Charley E. Barton</i>			Charley E. Barton		
Date			Daytime Phone #		
7-6-07			850-670-4159		