
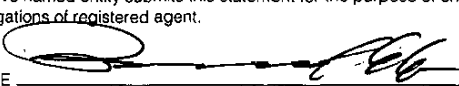
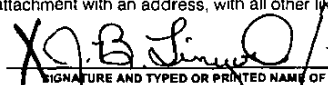


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90036 008 ****61.25

DOCUMENT # C10125 1. Entity Name LAWTEY LODGE NO. 189 FREE AND ACCEPTED MASON'S 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			
Zip	Country	Zip	Country		
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			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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE 3/14/08		
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete DEWITT, DONALD R JR 15131 SW 54TH AVE STARKE, FL 320916379				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D REHBERG, ROBERT W 8730 NW 196TH ST STARKE, FL 320915435				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D WELLHAUSEN, GARY G 328 N ST JACKSONVILLE, FL 322343018				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D WEILAND, ROY L ST 5881 NW COUNTY ROAD 125 LAWTEY, FL 32058				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete T GASKINS, JOHN P 10552 NW COUNTY ROAD 229 STARKE, FL 32091				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Brian Lingold 8297 NW County Road 225 Starke, FL 32091-5056					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
JUNIOR WARDEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Santiago Rosado 23184 NW 29th Ave Lawtey, FL 32058-3742					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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:  J.B. LINGOLD					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3-6-08	
<small>Daytime Phone #</small>				904-964-2158 HOM	