

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-16-2007 90040 005 *****61.25

FILED 010131

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10131 1. Entity Name PINELAND LODGE NO. 86 FREE AND ACCEPTED MASONS OF FLORIDA																																																																																																																																									
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202				Mailing Address 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																																																																																																																																						
4. FEI Number 59-1804861				Applied For ☐ Not Applicable																																																																																																																																					
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																																																																					
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)																																																																																																																																									
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																																																					
Make check payable to Florida Department of State																																																																																																																																									
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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.																																																																																																																																									
SIGNATURE: <u>Lee E. Gibbins</u> 2-7-07 386-325-4810																																																																																																																																									
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