2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10132

1. Entity Name JOHN M. CALDWELL LODGE NO. 70 FREE AND ACCEPTED MASONS OF FLORIDA



FILED
Apr 04, 2007 8:00 am
Secretary of State
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220 OCEAN S JACKSONVILL	inor sheppard St	C/O R 220 G JACKS	g Address ROY CONNOR SHER DCEAN ST SONVILLE, FL 322 ing Address									
Suite, Apt.	#, etc.	Sui	ite, Apt. #, etc.				01182007	Chg-NP		CB2E03	7 (12/06)	
City & State	3	Cit	y & State				4. FEI Numb					oplied For
Zip	Country		Zip Cou			23-7526371				Not Applicable \$8.75 Additional		
					····		5. Certificate			Ц ,	ee Require	
	6. Name and Address of Curren	t Registere	d Agent		Name		7. Name and	Address of	New Keg	istered A	gent	
220 OCEA	, ROY CONNOR N ST VILLE, FL 32202			•		ddress (P.	O. Box Numb	er is Not Acc	eptable)			:
					City					FL	Zip Cod	ie .
	named entity submits this statement ions of registered agent.	for the purp	ose of changing its	registere	L ed office or	registered	agent, or bo	oth, in the Stat	te of Florid		amiliar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if app	Nicable. (NOT	E: Registere	d Agent signatur	ure required w	nen reinstating)			DATE		
	Filing Fee is \$61.25		9. Election Car	mpaign F	inancing		5.00 May I	30	Mak	e check	payable	to
	Due by May 1, 2007		Trust Fund (٠,		dded to Fees				ment of S	- 1
10.	Due by May 1, 2007 OFFICERS AND D	DIRECTORS	Trust Fund (ion. [AC	dded to Fees	<u>' </u>	Florida	a Depart	ment of S	itate
10.	<u> </u>	DIRECTORS	Trust Fund (Contributi	ion. [AC	dded to Fees	<u>' </u>	Florida OFFICERS	a Depart	ment of S	itate
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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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered is 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 language with an other language of the corporation of the receiver or trustee empowered be 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 language with an other language of the corporation of the receiver of the corporation of the receiver or trustee empowered be executed by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Proper in Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed.

David Proper in Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed.

David Proper in Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed.

SIGNATURE: