
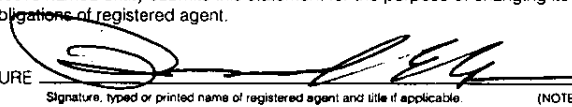
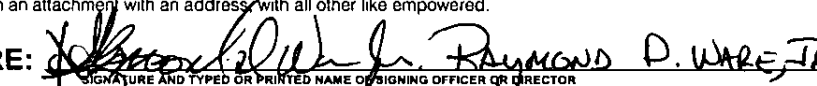


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90036 006 \*\*\*\*61.25

<b>DOCUMENT # C10134</b> 1. Entity Name <b>WILLIAM B. BARNETT LODGE NO. 187 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>		
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 <b>59-0143448</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNER 220 OCEAN ST JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent  <b>Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202</b>		
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</small>			DATE <b>3/10/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARE, RAYMOND D JR</b> <input type="checkbox"/> Delete <b>54 E 31ST ST</b> <b>JACKSONVILLE, FL 32206</b>		TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<b>JUNIOR WARDEN (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>David Paul Thomas</b> <b>1492 Classic Oak Rd W</b> <b>Jacksonville FL 32225-9002</b>	
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD</b> <input checked="" type="checkbox"/> Delete <b>GAGARIN, TONY C</b> <b>5068 TOPROYAL LN</b> <b>JACKSONVILLE, FL 322771042</b>		TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<b>WORSHIPFUL MASTER (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John Mansford Joiner</b> <b>8222 Monmouth Way</b> <b>Jacksonville FL 32208-2735</b>	
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Delete <b>TOWNS, ALVIN M</b> <b>10945 SCOTT HILL ROAD</b> <b>JACKSONVILLE, FL 32223</b>		TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<b>SENIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Mark Steven McNew</b> <b>P O Box 350001 N/A</b> <b>Jacksonville FL 32235-0001</b>	
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<b>JWD</b> <input checked="" type="checkbox"/> Delete <b>MCNEW, MARK S</b> <b>P.O. BOX 350001</b> <b>JACKSONVILLE, FL 322350001</b>		TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:  RAYMOND D. WARE JR. 3-6-08 (904) 355-2150</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					