
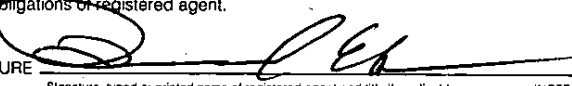
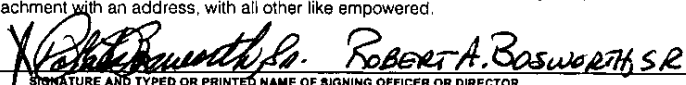


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90023 048 ****61.25

DOCUMENT # C10135					
1. Entity Name WINTER HAVEN LODGE NO. 186 FREE AND ACCEPTED MASONS 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		02072008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1353003 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			
7. Name and Address of New Registered Agent Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202 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:  DATE: 3/28/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	D BROWN, HERMAN	<input type="checkbox"/> Delete	TITLE NAME	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	4718 MONTEREY DRIVE		STREET ADDRESS	Robert Allan Bosworth Sr	
CITY-ST-ZIP	WINTER HAVEN, FL 338801511		CITY-ST-ZIP	1946 Peddlers Pond Blvd	
TITLE NAME	SD BOSWORTH, ROBERT A	<input checked="" type="checkbox"/> Delete	TITLE NAME	LAKE WALES, FL 33859-5425	
STREET ADDRESS	1968 GALAXY DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP		
TITLE NAME	D REAVES, CULLIN R JR	<input type="checkbox"/> Delete	TITLE NAME	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	PO BOX 712		STREET ADDRESS	Timothy Carlton Ellis	
CITY-ST-ZIP	LAKE ALFRED, FL 338500712		CITY-ST-ZIP	111 Paine Dr SE	
TITLE NAME	D HOLLIE, RICHARD C SR	<input checked="" type="checkbox"/> Delete	TITLE NAME	WINTER HAVEN, FL 33884-2378	
STREET ADDRESS	220 1ST ST		STREET ADDRESS		
CITY-ST-ZIP	DAVENPORT, FL 33837		CITY-ST-ZIP		
TITLE NAME	D BLACKMON, RALPH D	<input type="checkbox"/> Delete	TITLE NAME		
STREET ADDRESS	3641 TWISTED OAK CT		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 338988510		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE 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: 		DATE: 3/21/08		DAYTIME PHONE: 863-294-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	