

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90036 047 \*\*\*\*61.25

<b>DOCUMENT # C10136</b> 1. Entity Name <b>FORT MEADE LODGE NO. 160 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>		
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 <b>23-7526434</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			<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</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	WMD	<input checked="" type="checkbox"/> Delete	11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	GREER, ADOLPHUS H		TITLE	JUNIOR WARDEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	100 N ORANGE AVE		NAME	Timothy E Mincey	
CITY-ST-ZIP	FORT MEADE, FL 33841		STREET ADDRESS	723 N Orange Ave	
			CITY-ST-ZIP	Fort Meade FL 33841-3211	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PREVATT, MICHAEL D		NAME	Michael David Prevatt	
STREET ADDRESS	2150 BROOK RD N		STREET ADDRESS	2150 Brook Rd N	
CITY-ST-ZIP	FORT MEADE, FL 333412550		CITY-ST-ZIP	Fort Meade, FL 33841-2550	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELMS, REX E		NAME	Rex Earl Helms	
STREET ADDRESS	802 OLANDT AVE		STREET ADDRESS	802 Olandt Ave	
CITY-ST-ZIP	FORT MEADE, FL 338412332		CITY-ST-ZIP	Fort Meade FL 33841-2332	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	CAVANAUGH, ARTHUR G		NAME		
STREET ADDRESS	1006 OHIO ST SE		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE, FL 338413162		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	MINCEY, RONALD C		NAME		
STREET ADDRESS	616 NE 5TH STREET		STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE, FL 33841		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			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:  <b>A. GART CAVANAUGH</b>			DATE <b>3/5/08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		