
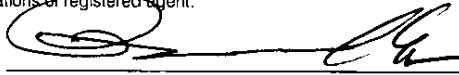
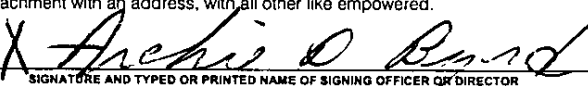


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90016 001 ****61.25

DOCUMENT # C10137 1. Entity Name PONCE DE LEON LODGE NO. 157 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			
Zip	Country	Zip	Country	4. FEI Number 23-7526433	
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 STREET JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="text-align: right;"> 3-13-08 <small>DATE</small> </div> </div>					
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	
<div style="display: flex; justify-content: space-between;"> <div> Make check payable to, Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME <input checked="" type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	WMD BYRD, ARCHIE D <input type="checkbox"/> Delete 2922 OLD MILL ROAD PONCE DE LEON, FL 324556604		TITLE NAME <input type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WALTER, LEE R 9613 STATE HIGHWAY 81 PONCE DE LEON, FL 324555005		TITLE NAME <input checked="" type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Walter Lee Ray 9613 State Highway 81 Ponche De Leon FL 32455-5005	
TITLE NAME <input checked="" type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TAYLOR, BRUCE E 1853 REASON MAYO LN PONCE DE LEON, FL 32455		TITLE NAME <input type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input checked="" type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete WARD, HERTIS PAUL 2966 COUNTY HWY., 181-C PONCE DE LEON, FL 324552802		TITLE NAME <input type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input checked="" type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete Curry George IF FRANKLIN CURRY, GEORGE 2826 IRENE ST. PONCE DE LEON, FL 324556614		TITLE NAME <input type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME <input type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> 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.					
SIGNATURE: 					
<div style="display: flex; justify-content: space-between;"> <div> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> 3/11/08 <small>Date</small> </div> <div> <small>Daytime Phone #</small> </div> </div>					