


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90081 027 ****61.25

DOCUMENT # C10138	
1. Entity Name HASTINGS LODGE NO. 183 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
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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



01202007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1912785	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	JWD	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLINSON, DONALD E JR	NAME	Donald Earl Rollison Jr
STREET ADDRESS	P.O. BOX 439	STREET ADDRESS	P O Box 439 N/A
CITY-ST-ZIP	LAKE COMO, FL 321570439	CITY-ST-ZIP	Lake Como FL 32157-0439
TITLE	WMD	TITLE	WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN GRAY, RICHARD	NAME	Scott Evans Wilson
STREET ADDRESS	440 GLADYS ST	STREET ADDRESS	P O Box 644 N/A
CITY-ST-ZIP	HASTINGS, FL 321454707	CITY-ST-ZIP	East Palatka FL 32131-0644
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, ROBERT S JR	NAME	
STREET ADDRESS	6950 SR 305	STREET ADDRESS	
CITY-ST-ZIP	ELKTON, FL 320333812	CITY-ST-ZIP	
TITLE	D	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, DOYLE R	NAME	Dulcie Devode Brasel
STREET ADDRESS	214 AZALEA CIR.	STREET ADDRESS	201 Hoot Owl Rd
CITY-ST-ZIP	PALATKA, FL 321774208	CITY-ST-ZIP	Satsuma FL 32189-2330
TITLE	T	TITLE	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEFORD, RAYMOND G JR	NAME	Robert Charles Schenck
STREET ADDRESS	8245 HARRISON RD	STREET ADDRESS	134 Commercial Ave
CITY-ST-ZIP	HASTINGS, FL 321453917	CITY-ST-ZIP	East Palatka FL 32131-4363
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **Scott E. Wilson** **3-25-07** **904-669-6680**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #