


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90040 008 \*\*\*\*61.25

<b>DOCUMENT # C10140</b>					
1. Entity Name ACACIA LODGE NO. 163 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN STREET N JACKSONVILLE, FL 32202 US			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN STREET N JACKSONVILLE, FL 32202 US		
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 59-1692195	Applied For Not Applicable
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	SW	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (ID)	<input type="checkbox"/> Addition
NAME	WINTERLIN, GEORGE H		NAME	George Harrington Winterlin	
STREET ADDRESS	1517 SW BALMORAL TRACE		STREET ADDRESS	1517 SW Balmoral Trace	
CITY-ST-ZIP	STUART, FL 349977160		CITY-ST-ZIP	Stuart FL 34997-7160	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLLE, WERNER R		NAME	Kevin Michael Grimes	
STREET ADDRESS	6525 SE BROADMOOR LN		STREET ADDRESS	1172 SW 30th St	
CITY-ST-ZIP	STUART, FL 349974738		CITY-ST-ZIP	Palm City FL 34990-2999	
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (ID)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRATZER, EARL S		NAME	Richard Gary Beecroft Jr	
STREET ADDRESS	8272 SW SKIPPER DR		STREET ADDRESS	17963 103rd Ter N	
CITY-ST-ZIP	STUART, FL 349974839		CITY-ST-ZIP	Jupiter FL 33478-4775	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICKFORD, JOHN D		NAME		
STREET ADDRESS	137 SW E DANVILLE CIR		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 349535942		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEND, PAUL W		NAME		
STREET ADDRESS	POB 6312		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 349976312		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	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: <i>Paul W. Friend</i>		Paul W. Friend		3/18/07 772-260-6404	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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01202007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1692195 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #