

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# C10145

FILED
Jan 28, 2009
Secretary of State

Entity Name: HERMAN LODGE NO. 108 FREE AND ACCEPTED MASONS OF FLORIDA

Current Principal Place of Business:

C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

RICHARD E. LYNN
220 OCEAN ST
JACKSONVILLE, FL 32202 US

Current Mailing Address:

ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202

New Mailing Address:

RICHARD E. LYNN
220 OCEAN STREET
JACKSONVILLE, FL 32202

FEI Number: 59-1843502 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LYNN, RICHARD E
220 OCEAN ST
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALL, GILBERT J
Address: 413 POPE ST
City-St-Zip: FREEPORT, FL 324394701

Title: S () Delete
Name: SIMMONS, MICHAEL E
Address: 399 PINEY POINT RD
City-St-Zip: FREEPORT, FL 324392864

Title: WORS () Delete
Name: LAWSON, CHARLES V
Address: 18795 HIGHWAY 331 S
City-St-Zip: FREEPORT, FL 32439

Title: TD () Delete
Name: BRANNON, RONNIE L SR
Address: P.O. BOX 504 N/A
City-St-Zip: FREEPORT, FL 324390504

Title: JRWA () Delete
Name: RAINS, BOBBY J
Address: 39 SANDCASTLE CT
City-St-Zip: SANTA ROSA BEACH, FL 324595174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: WM (X) Change () Addition
Name: WILSON, DANNY F
Address: P. O. BOX 595
City-St-Zip: FREEPORT, FL 32439

Title: S (X) Change () Addition
Name: SIMMONS, MICHAEL E
Address: P. O. BOX 930
City-St-Zip: FREEPORT, FL 324390930

Title: JW (X) Change () Addition
Name: LAWSON, CHARLES V
Address: 18795 HIGHWAY 331 S
City-St-Zip: FREEPORT, FL 32439

Title: TD (X) Change () Addition
Name: BRANNON, RONNIE L SR
Address: P.O. BOX 504
City-St-Zip: FREEPORT, FL 324390504

Title: SW (X) Change () Addition
Name: RAINS, BOBBY J
Address: 39 SANDCASTLE CT
City-St-Zip: SANTA ROSA BEACH, FL 324595174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD E. LYNN

GS

01/28/2009

Electronic Signature of Signing Officer or Director

Date