

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90036 034 ****61.25

DOCUMENT # C10147 1. Entity Name MIDDLEBURG LODGE NO. 107 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 23-7526402			Applied For <input type="checkbox"/> Not Applicable		
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 ST 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.					
SIGNATURE 3/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DILLARD, DAVID B 6525 WOLVERINE DR. KEYSTONE HEIGHTS, FL 326566716		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete NOLAN, VERNON M 5577 DRAKE LOOP RD MIDDLEBURG, FL 320687420		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BULLARD, ROBERT HOWARD 1195 LAKE ASBURY DRIVE GREEN COVE SPRINGS, FL 320439556		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete FILZ, MICHAEL D 4737 PINE AVE ORANGE PARK, FL 320737823		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition Paul Harvey Lee 3196 Fireside Dr Middleburg, FL 32068-4273	
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HEISE, EDWARD J 4089 LAZY ACRES RD MIDDLEBURG, FL 320684912		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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:			3-6-08 904-237-5366 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					