


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90168 036 \*\*\*\*61.25

<b>DOCUMENT # C10149</b> 1. Entity Name <b>DESOTO LODGE NO. 105 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>23-7526400</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
<b>Filing Fee is \$61.25 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	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<del>WORSHIPFUL MASTER</del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIVERA, DAVID C WM		NAME	Robert Wayne Dixon	
STREET ADDRESS	PO BOX 1883		STREET ADDRESS	11011 Scott Loop	
CITY-ST-ZIP	GIBSONTON, FL 335341923		CITY-ST-ZIP	Riverview FL 33569-5181	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COOKSEY RIVERA, DAVID		NAME	Walter W Fishback	
STREET ADDRESS	PO BOX 1823		STREET ADDRESS	318 Fairside Ct	
CITY-ST-ZIP	RUSKIN, FL 33570		CITY-ST-ZIP	Sun City Center FL 33573-5813	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<del>SENIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BIGHAM, ROBERT W JW		NAME	Mark David Titzel	
STREET ADDRESS	11011 SCOTT LOOP		STREET ADDRESS	7455 Alafia Ridge Loop	
CITY-ST-ZIP	RIVERVIEW, FL 335695181		CITY-ST-ZIP	Riverview FL 33569-4726	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<del>SENIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRANKLIN, DONALD L		NAME	Howard Charles Angeloni	
STREET ADDRESS	3402 OLARISIA AVE		STREET ADDRESS	10923 Pepperhollow Dr	
CITY-ST-ZIP	RUSKIN, FL 335705936		CITY-ST-ZIP	Riverview FL 33569-3991	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANK JAMES, BOBBY		NAME		
STREET ADDRESS	13330 LARAWAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 335697101		CITY-ST-ZIP		
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DISHON, ROBERT W		NAME		
STREET ADDRESS	11011 SCOTT LOOP		STREET ADDRESS		
CITY-ST-ZIP	RIVERVIEW, FL 335695181		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.					
<b>SIGNATURE:</b> <u>WALTER W. Fishback</u> <u>Robert Wayne Dixon</u> <u>3/6/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

813-633-2444