

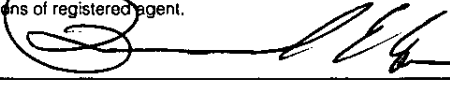
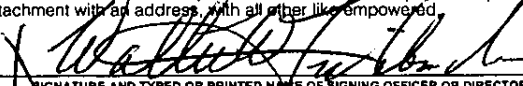


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90036 033 ****61.25

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # C10149 1. Entity Name DESOTO LODGE NO. 105 FREE AND ACCEPTED MASONS OF FLORIDA | | | |  | |
| Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US | | | Mailing Address ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Zip Country | | City & State Zip Country | | 01222008 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 23-7526400 | | | | 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE 3/10/08 <small>(NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP | D TITZEL, MARK D 7455 ALAFIA RIDGE LOOP RIVERVIEW, FL 33569 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FISHBACK, WALTER W 318 FAIRSIDE CT SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DISHON, ROBERT W 11011 SCOTT LOOP RIVERVIEW, FL 335695181 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANGELON, HOWARD C 10923 PEPPERSONG DR RIVERVIEW, FL 33569 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FRANK JAMES, BOBBY 13330 LARAWAY DRIVE RIVERVIEW, FL 335697101 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Patrick Joseph Hough 2209 Hartlebury Way Sun-City-Center FL 33573 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 3/7/08 <small>Daytime Phone #</small> | |