2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State
03-23-2007 90016 010 ****61.25

06U07741

DOCUMENT # C10152

1. Entity Name
ASHMORE LODGE NO. 102 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US	ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US

01202007 Chg-NP CR2E037 (12/06)

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: 23-7184986 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	WM WILLIAM MCMULLEN, JAMES 2758 SPRING CREEK HWY CRAWFORDVILLE, FL 323274305	☒ Delete	~~SENIOR WARDEN~~ (D) James William McMullen 2758 Spring Creek Hwy Crawfordville FL 32327-4305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SWD MCMULLEN, EPHRIN W 2740 SPRING CREEK HWY CRAWFORDVILLE, FL 323274305	☒ Delete	~~WORSHIPFUL MASTER~~ (D) Ephrin Walter McMullen 2740 Spring Creek Hwy Crawfordville FL 32327-4305	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD VILLIARD, KEVIN P 659 PERSIMMON RD SOPCHOPPY, FL 323580862	☒ Delete	~~JUNIOR WARDEN~~ (D) Robin Charles Dias 45 Windy Ct Crawfordville FL 32327-8005	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PIGOTT, PAUL V 45 MEDART V.P.D.-LN CRAWFORDVILLE, FL 32327	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAWRENCE ROBERTS, ANDREW 35 GIBSON RD SOPCHOPPY, FL 323581730	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Paul Pigott Paul Pigott 3-13-07 850-926-6216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #