

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90036 030 ****61.25

DOCUMENT # C10154 1. Entity Name ROYAL PALM LODGE NO. 100 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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7177997	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			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 				DATE 3/10/08	
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	
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 MATHEWS, GARY L 28034 SW 165TH CT HOMESTEAD, FL 330333225	TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete PENA, MIGUEL A 158 NW 20TH ST HOMESTEAD, FL 330303225	TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rafael Hernandez Ramirez 20711 SW 119th Ct Miami, FL 33177-5307		
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WOODS, GARVIN C 14600 SW 287TH ST HOMESTEAD, FL 330331600	TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	WMD <input checked="" type="checkbox"/> Delete SALKIND, EDWARD M 2355 SE 4TH PL HOMESTEAD, FL 330335786	TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Douglas Harmon Bridges Sr 27320 SW 164th Ct Homestead, FL 33031-2857		
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BRESSI, ANTHONY J SR 34562 SW 187TH PL HOMESTEAD, FL 330344534	TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HERNANDEZ, FRANK 24941 SW 120TH PL PRINCERON, FL 330325980	TITLE <input type="checkbox"/> 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: X Douglas H. Bridges, Secretary				Mar 4, 2008	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 305-248-8996	