



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90085 020 \*\*\*\*61.25

<b>DOCUMENT # C10156</b> 1. Entity Name <b>MARION-DUNN LODGE NO. 19 FREE AND ACCEPTED MASON'S OF FLORIDA</b>					
Principal Place of Business <b>1846 SE 36TH AVENUE</b> <b>OCALA, FL 34471</b>				Mailing Address <b>1846 SE 36TH AVENUE</b> <b>OCALA, FL 34471</b>	
2. Principal Place of Business - No P.O. Box # <b>220 Ocean St</b>		3. Mailing Address <b>220 Ocean St</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Jacksonville FL</b>		City & State <b>Jacksonville FL</b>			
Zip <b>32202</b>		Country 		4. FEI Number <b>59-1381586</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>SHEPPARD, ROY CONNOR</b> <b>220 OCEAN ST</b> <b>JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>WMD</b> <b>POEHLMAN, LADD GENE</b> <b>200 NW 47TH PL</b> <b>OCALA, FL 344759510</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Kenneth E Shaw</b> <b>4525 SE 57th Ln</b> <b>Ocala FL 34480-9401</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SWD</b> <b>STORY, JOHN RICHARD</b> <b>89 WATER TRAK</b> <b>OCALA, FL 344728262</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>JOHN RICHARD STORY</b> <b>89 Water Trl</b> <b>Ocala FL 34472-8262</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>JWD</b> <b>DUSCHER, PAUL DOUGLAS</b> <b>6160 SE 37TH TERR</b> <b>OCALA, FL 344809009</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PAUL DOUGLAS DUSCHER</b> <b>6160 SE 37th Ter</b> <b>Ocala FL 34480-9009</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>S</b> <b>FERGUSON, SR, PAUL WILLIAM</b> <b>1110 NE 42ND AVE</b> <b>OCALA, FL 344701055</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T</b> <b>FOSTER, EDWARD HUNTER</b> <b>2150 NE 8TH ST</b> <b>OCALA, FL 344706211</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 			TITLE 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.					
<b>SIGNATURE: X Paul W. Ferguson, Secretary</b> <b>4/19/07</b> <b>352-694-2461</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					