
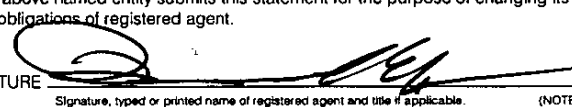
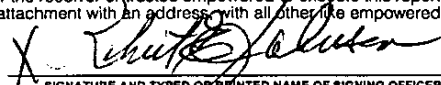


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90023 034 ****61.25

DOCUMENT # C10157					
1. Entity Name ORLANDO LODGE NO. 69 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			Mailing Address C/O 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 23-7188525	
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:  3/26/08					
(NOTE: Registered Agent signature required when reinstating)					
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 <input checked="" type="checkbox"/>	D BOKASH, SCOTT DOUGLAS 5015 GLASGAW AVE ORLANDO, FL 32819		TITLE NAME <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP	5015 GLASGAW AVE ORLANDO, FL 32819		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input checked="" type="checkbox"/>	TD SPRINGER, OLIVER HARRIS 768 MENDOSA STREET ORLANDO, FL 32825		TITLE NAME <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP	768 MENDOSA STREET ORLANDO, FL 32825		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input checked="" type="checkbox"/>	D TERESI, JOHN JOSEPH 1639 N. BUMBY AVE. ORLANDO, FL 32803		TITLE NAME <input checked="" type="checkbox"/>	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP	1639 N. BUMBY AVE. ORLANDO, FL 32803		STREET ADDRESS CITY-ST-ZIP	Gregory Allen Hoggatt Sr 205 Trail Bridge Ct Winter Garden FL 34787-4517	
TITLE NAME <input checked="" type="checkbox"/>	SD JOHNSON, ROBERT E P O BOX 536946 ORLANDO, FL 328536946		TITLE NAME <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP	P O BOX 536946 ORLANDO, FL 328536946		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input checked="" type="checkbox"/>	D HERSHISER, JOHN D 1404 N BUMBY AVE ORLANDO, FL 328032114		TITLE NAME <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP	1404 N BUMBY AVE ORLANDO, FL 328032114		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/>	Delete <input type="checkbox"/>		TITLE NAME <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
STREET ADDRESS CITY-ST-ZIP			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.					
SIGNATURE: 			15 March 2008 4073458732		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		