


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90168 025 \*\*\*\*61.25

<b>DOCUMENT # C10160</b> 1. Entity Name <b>NEW SMYRNA LODGE NO. 149 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD</b> <b>220 OCEAN ST.</b> <b>JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNOR SHEPPARD</b> <b>220 OCEAN ST.</b> <b>JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-6205645</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHEPPARD, ROY CONNOR</b> <b>220 OCEAN STREET</b> <b>JACKSONVILLE, FL 32202</b>				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) DATE</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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD BENISHEK, LOUIS W <input checked="" type="checkbox"/> Delete 935 BAY DR NEW SMYRNA BEACH, FL 321687856				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD LOCKHART, JOSEPH G <input checked="" type="checkbox"/> Delete 215 WILDWOOD DR EDGEWATER, FL 321322011				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREATREX, WALTER W <input type="checkbox"/> Delete 2938 MANGO TREE DR EDGEWATER, FL 32141				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD ZIMMERMAN, MARK E <input checked="" type="checkbox"/> Delete 1237 MORAVIA AVE HOLLY HILL, FL 321172717				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARPENTER, WALKER P JR <input type="checkbox"/> Delete 100 INLET SHORES DR NEW SMYRNA BEACH, FL 32168				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS OR DIRECTORS IN 10					
<del>SENIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bryan Philip Barrett 2624 Fairmont Ave New Smyrna Beach FL 32168-5					
<del>WORSHIPFUL MASTER</del> (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition Joseph Gerald Lockhart Jr 215 Wildwood Dr Edgewater FL 32132-2011					
<del>JUNIOR WARDEN</del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Glen Edward Good P O Box 470 N/A Oak Hill FL 32759-0470					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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.					
<b>SIGNATURE: <i>Walter W. Greatrex</i> Walter Greatrex</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>3-13-07</b> <small>Date</small>				<b>904-354-2339</b> <small>Daytime Phone #</small>	