

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-16-2007 90040 004 61.25

C10163

FILED

2007 MAR 26 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20007747



01182007 Chg-NP CR2E037 (12/06)

DOCUMENT # C10163 1. Entity Name EZRA LODGE NO. 67 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		4. FEI Number 59-0950560	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when amending) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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"/> WMD CREWS, WILLIAM E JR STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 1078 EAGLE BEND CT JACKSONVILLE, FL 322289501		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME <input checked="" type="checkbox"/> SWD MARKHAM, RAY W SR STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete 10326 DEFAUL DR JACKSONVILLE, FL 322185205		TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SENIOR WARDEN (D) William Daniel Crews 9823 Highland Ave #3 Jacksonville FL 32208-1445	
TITLE NAME <input checked="" type="checkbox"/> T JONES, JAMES A STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 14000 INLET DR JACKSONVILLE, FL 32225		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME <input checked="" type="checkbox"/> S ARNOU, GEORGE H STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 8263 HOLLYBRIDGE RD JACKSONVILLE, FL 32256		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME <input checked="" type="checkbox"/> JWD MAYBERRY, EUGENE R STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 7351 OAKWOOD ST JACKSONVILLE, FL 322084288		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME <input type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	B 3/30/07	
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 George H. Arnau			Date 03-12-07 Daytime Phone # 904-641-3463		