
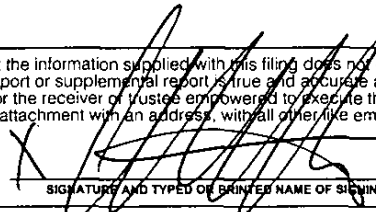


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90168 007 ****61.25

DOCUMENT # C10165 1. Entity Name ESCAMBIA LODGE NO. 15 FREE AND ACCEPTED MASON OF FLORIDA					
Principal Place of Business C/O ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		
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 59-0772167	
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 reinstating) 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 STREET ADDRESS CITY-ST-ZIP	WMD DAVIES, HERMAN M 4311 BAYOU BLVD PENSACOLA, FL 325032660	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UNION WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lora Edward Castleberry 3271 Wellington Rd Pensacola FL 32504-7423	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD MAJORS, LONNIE B JR 5586 EXPERANTO DR PENSACOLA, FL 325262203	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORKSHIPPUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lonnie Bryan Majors Jr 5586 Esperanto Dr Pensacola FL 32526-2203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD CHESTER ODOM, DONALD 7121 BELGIUM RD PENSACOLA, FL 325263814	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Donald Chester Odom 7121 Belgium Rd Pensacola FL 32526-3814	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PILGRIM, ROBERT R JR. 1961 FOX QUARRY CIR. CANTONMENT, FL 325334602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIES, JON ALLAN 381 SPRINGDALE CIR. PENSACOLA, FL 325032409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE 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:  Jon A. Davies, Secretary Date 3/9/07 Daytime Phone # 850 941 1158					