


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

03-13-2007 90015 013 ****61.25

DOCUMENT # C10170			
1. Entity Name WELLBORN LODGE NO. 13 FREE AND ACCEPTED MASONS OF FLORIDA			
Principal Place of Business C/O RAY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		Mailing Address C/O RAY CONNER 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
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		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 GREENE, GEORGE A 24090 STATE RD 247 O BRIEN, FL 320714241 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Leo Conner 897 SW Jafus Ave Lake City FL 32024-3978
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD HALL, LUTHER L 11015 71ST DR LIVE OAK, FL 320607188 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Luther Lester Hall 11015 71st Dr Live Oak FL 32060-7188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FRALICK, JUANICE 4548 126TH PLACE "A" WELLBORN, FL 32094 <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	TD GAYLARD, FRED O 4575 LOWE LAKE ROAD WELLBORN, FL 32094 <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	JWD GREENE, JAMES A 1021 NW EVERETT TER WHITE SPRINGS, FL 320968400 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition James Andrew Greene 1021 NW Everett Ter White Springs FL 32096-8400
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: <i>Juanice Fralick</i>		Date: 3-7-07 Daytime Phone #: 386-963-5409	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <p style="text-align: center;">Jauince Fralick</p>			

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4. FEI Number 23-7526336 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required