


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90037 009 ****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 #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01212008 Chg-NP CR2E037 (12/06)

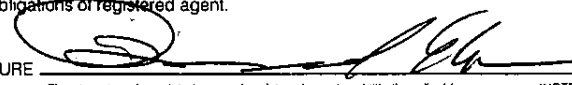
4. FEI Number
23-7526336 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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
**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  DATE **3/10/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

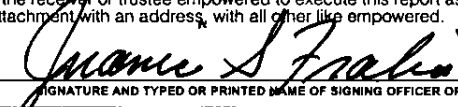
10. OFFICERS AND DIRECTORS

TITLE NAME	JW CONNER, LEO	<input type="checkbox"/> Delete
STREET ADDRESS	897 SW JAFUS AVE	
CITY-ST-ZIP	LAKE CITY, FL 32024	
TITLE NAME	WM HALL, LUTHER L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11015 71ST DR	
CITY-ST-ZIP	LIVE OAK, FL 32067188	
TITLE NAME	DS FRALICK, JUANICE	<input type="checkbox"/> Delete
STREET ADDRESS	4548 126TH PLACE "A"	
CITY-ST-ZIP	WELLBORN, FL 32094	
TITLE NAME	TD GAYLARD, FRED O	<input type="checkbox"/> Delete
STREET ADDRESS	4575 LOWE LAKE ROAD	
CITY-ST-ZIP	WELLBORN, FL 32094	
TITLE NAME	SW GREENE, JAMES A	<input type="checkbox"/> Delete
STREET ADDRESS	1021 NW EVERETT TER	
CITY-ST-ZIP	WHITE SPRINGS, FL 320968400	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	JUNIOR WARDEN (D) Robert Steve Skipper	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	415 Corbin Ave	
CITY-ST-ZIP	Live Oak FL 32064-2611	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE **3-5-08** DAYTIME PHONE # **386 963 5409**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR