

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90188 002 \*\*\*\*61.25

<b>DOCUMENT # C10173</b>					
<b>1. Entity Name</b> GARDEN LODGE NO. 366 FREE AND ACCEPTED MASONS OF FLORIDA					
<b>Principal Place of Business</b> ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			<b>Mailing Address</b> ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2023899	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			<b>7. Name and Address of New Registered Agent</b>  Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
<b>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.</b>					
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE <u>4/30/08</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D MCCANN, JOHN D JR 16191 67TH CT N LOXAHATCHEE, FL 334706069	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) Stanley R Smith 5821 Emerald Dunes Dr N West Palm Beach FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SWD GRIFFITH, JEFFREY T 4345 FUSCHIA CIR N PALM BEACH GARDENS, FL 334105424	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) John David McCann Jr 16191 67th Ct N Loxahatchee FL 33470-6069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, STANLEY R 2510 WELLINGTON GREEN DR WELLINGTON, FL 334149322	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) Edward Russell Elgin Sr 217 9th Terrace Palm Beach Gardens FL 33418-3682	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T DOEBEREINER, GEORGE C 711 HUMMINGBIRD WAY, # 103 NORTH PALM BEACH, FL 334085169	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	SD SALEE, ADRIAN 378 KELSEY PARK DR PALM BEACH GARDENS, FL 334104504	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	(Empty row for additions/changes)				
<b>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>					
<b>SIGNATURE:</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/30/08</u> Daytime Phone #	