

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90023 044 \*\*\*\*61.25

<b>DOCUMENT # C10177</b> 1. Entity Name IRA CARTER LODGE NO. 150 AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address 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			
Zip	Country	Zip	Country	4. FEI Number 59-2269371	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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				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 <u>3/28/08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	SD	<input checked="" type="checkbox"/> Delete			
NAME	FRANKLIN BROWN, JERRY				
STREET ADDRESS	25704 SW 19TH AVE.				
CITY-ST-ZIP	NEWBERRY, FL 326699407				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	HOGAN, ALLEN L				
STREET ADDRESS	P.O. BOX 899				
CITY-ST-ZIP	ALACHUA, FL 326150899				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	KEENE, LAWRENCE C				
STREET ADDRESS	P.O. BOX 452				
CITY-ST-ZIP	NEWBERRY, FL 32669				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	FREDIE SUGGS, DOANLD				
STREET ADDRESS	22314 NW 22ND AVE.				
CITY-ST-ZIP	NEWBERRY, FL 326693500				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
Donald Freddie Suggs 22314 NW 22nd Ave Newberry, FL 32669-3500					
SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
Daniel Alan Geoghagan 700 SW 62nd Blvd #A9 Gainesville FL 32607-6010					
SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
Timothy Allen Rois 25458 SW 21st Pl Newberry FL 32669-0279					
JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
Gerald Bryan McElroy 16622 NW County Road 1491 Alachua FL 32615-3155					
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: <u>Donald Freddie Suggs</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					