

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-16-2007 90040.007 \*\*\*\*61.25  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01202007 Chg-NP CR2E037 (12/06)

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # C10184</b><br>1. Entity Name<br><b>JOHN DARLING LODGE NO. 154 FREE AND ACCEPTED<br/>MASONS OF FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                     |                                                                                                                                      |                                                                                                                                                                     |  |
| Principal Place of Business<br><b>C/O ROY CONNOR SHEPPARD<br/>220 OCEAN ST.<br/>JACKSONVILLE, FL 32202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                     | Mailing Address<br><b>C/O ROY CONNOR SHEPPARD<br/>220 OCEAN ST.<br/>JACKSONVILLE, FL 32202</b>                                       |                                                                                                                                                                     |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |                                                                                                                                      |                                                                                                                                                                     |  |
| City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | City & State<br><br>Zip      Country                                                |                                                                                                                                      | 4. FEI Number<br><b>59-0255598</b>                                                                                                                                  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                     |                                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                              |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SHEPPARD, ROY CONNOR<br/>220 OCEAN STREET<br/>JACKSONVILLE, FL 32202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                     |                                                                                                                                      |                                                                                                                                                                     |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                      | <b>\$5.00 May Be<br/>Added to Fees</b>                                                                                                                              |  |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           |                                                                                     |                                                                                                                                      |                                                                                                                                                                     |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                |                                                                                                                                                                     |  |
| TITLE<br>NAME ✓<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>CHARLES, FREDERICK E<br>13807 CANDIDATE PLACE<br>TAMPA, FL 336133103 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |  |
| TITLE<br>NAME ✓<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>VAN DYKE, WILLIAM A<br>628 S 83RD ST<br>TAMPA, FL 33619              | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | JWD<br>RAKITA, STANLEY H<br>5040 BARROWE DR<br>TAMPA, FL 336242593        | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>Stanley Howard Rakita<br>5040 Barrowe Dr<br>Tampa FL 33624-2593   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>RAY HITCHCOCK, THOMAS<br>15502 GRANBY PL<br>TAMPA, FL 336241572     | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Kenneth Raymond Allen<br>2611 Morrison Ave<br>Tampa FL 33629-5330 |  |
| TITLE<br>NAME ✓<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TD<br>LONG, JAMES W SR<br>6548 W HANNA AVE<br>TAMPA, FL 336344930         | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="font-size: 2em; font-family: cursive;">B3/30/07</div>         |                                                                                     |                                                                                                                                      |                                                                                                                                                                     |  |
| 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>X Frederick Charles</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                     | Date: <b>3/7/07</b> Daytime Phone #: <b>813-477-8637</b>                                                                             |                                                                                                                                                                     |  |