# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # C10187

**1.** Entity Name
TARPON LODGE NO. 112 FREE AND ACCEPTED
MASONS OF FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ROY CONNOR SHEPPARD<br>220 OCEAN ST<br>JACKSONVILLE, FL 32202 | C/O ROY CONNOR SHEPPARD<br>220 OCEAN ST<br>JACKSONVILLE, FL 32202 |

| 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 |
|---|---|---|---|

01202007    Chg-NP        CR2E037 (12/06)

**4.** FEI Number
59-2387667

☐ Applied For
☐ Not Applicable

**5.** Certificate of Status Desired  ☐  **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SHEPPARD, ROY CONNOR<br>220 OCEAN STREET<br>JACKSONVILLLE, 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 _____

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

| **Filing Fee is $61.25**<br>**Due by May 1, 2007** | **9.** Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | **Make check payable to**<br>**Florida Department of State** |
|---|---|---|---|

**10.** OFFICERS AND DIRECTORS | **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | D | ☒ Delete | TITLE | ~~Junior Warden~~ (D) | ☐ Change | ☒ Addition |
|---|---|---|---|---|---|---|
| NAME | YARBOUGH, BILL W JR | | NAME | F. Matthew King | | |
| STREET ADDRESS | 340 PALMDALE DRIVE | | STREET ADDRESS | 717 Sandy Hills Avenue | | |
| CITY-ST-ZIP | OLDSMAR, FL 34677 | | CITY-ST-ZIP | Tarpon Springs, FL 34689 | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | PFANNSCHMIDT, GEORGE F JR | | NAME | | | |
| STREET ADDRESS | 2218 CITRUS HILL LANE | | STREET ADDRESS | | | |
| CITY-ST-ZIP | PALM HARBOR, FL 34683 | | CITY-ST-ZIP | | | |
| TITLE | T | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | CLYDE HENDERSON, PHILLIP | | NAME | | | |
| STREET ADDRESS | 447 WHISPERING LAKES BLVD | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TARPON SPRINGS, FL 346889019 | | CITY-ST-ZIP | | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | ASHCROFT, EUGENE E | | NAME | | | |
| STREET ADDRESS | 3839 BEECHWOOD DRIVE | | STREET ADDRESS | | | |
| CITY-ST-ZIP | HOLIDAY, FL 34691 | | CITY-ST-ZIP | | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | GERALD, LEE M | | NAME | | | |
| STREET ADDRESS | P.O. BOX 1027 | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TARPON SPRINGS, FL 34688 | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 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  _Gerald M. Lee_

**SIGNATURE:** _Gerald M. Lee_    _3/2/07_    (727) 514-8741 Cell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #