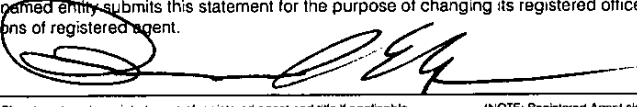


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90036 035 \*\*\*\*61.25

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # C10190</b><br>1. Entity Name<br><b>BREVARD LODGE NO. 113 FREE AND ACCEPTED<br/>MASONS OF FLORIDA</b>   |   |  |   |                 |  |
| Principal Place of Business<br><b>ROY CONNOR SHEPPARD<br/>220 OCEAN STREET<br/>JACKSONVILLE, FL 32202 US</b>   |   |  | Mailing Address<br><b>ROY CONNOR SHEPPARD<br/>220 OCEAN STREET<br/>JACKSONVILLE, FL 32202</b>                                       |  |  |
| 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  |   | Country                                    |   | 01222008 Chg-NP CR2E037 (12/06)  |  |
| 4. FEI Number<br><b>23-7117318</b>   |   |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |   | <b>\$8.75 Additional Fee Required</b>  |  |
| 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><br><b>Lynn, Richard Edward<br/>220 Ocean Street<br/>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.  |   |  |   |  |  |
| SIGNATURE <br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |  | DATE <b>3/10/08</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                  |  |  |
| <b>Filing Fee is \$61.25<br/>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>                 |  |  |
| <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   | WMD<br>LAUBENHEIMER, BRUCE W<br>207 VUA DE KA REUBA<br>MERRITT ISLAND, FL 329532913 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | JUNIOR WARDEN<br>Clark Daniel Moody<br>2130 Winston Dr<br>Cocoa FL 32926-2504                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | JWD<br>GULBRAND, LEORY L JR<br>4300 ELLIOT AVE<br>TITUSVILLE, FL 327806461          | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SENIOR WARDEN<br>Leroy Loren Gulbrand Jr<br>4300 Elliot Ave<br>Titusville FL 32780-6461          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SWD<br>DEGRAW, MARSHALL W<br>1368 ESTRIDGE DR<br>ROCKLEDGE, FL 329552314            | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | WORSHIPFUL MASTER<br>Marshall Whitfield DeGraw Jr<br>1368 Estridge Dr<br>Rockledge FL 32955-2314 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>MALONE, GEORGE E<br>1707 GOLFVIEW DR<br>ROCKLEDGE, FL 329553018               | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TREASURER<br>David Edwin Bornberg<br>2675 Wagon Rd<br>Cocoa FL 32926-2603                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |  | Date <b>3-6-08</b> Daytime Phone # <b>321-266-5087</b>  |  |  |