

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


03-16-2007 90038 030 *****61.25
FILED

2007 MAR 26 PM 4: 00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # C10193

1. Entity Name
LANDMARK LODGE NO. 383 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business Mailing Address
C/O ROY CONNOR SHEPPARD **C/O ROY CONNOR SHEPPARD**
220 OCEAN ST **220 OCEAN ST**
JACKSONVILLE, FL 32202 **JACKSONVILLE, FL 32202**

20007621



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

02092007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2264867 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNER
220 OCEAN STREET
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

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 file if applicable. (NOTE: Registered Agent signature required when renewing) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Delete
D
NASH, JAMES A
 STREET ADDRESS **186 FOREST LANE**
 CITY-ST-ZIP **DEBARY, FL 327132050**

TITLE NAME Change Addition
SENIOR WARDEN (D) Change Addition
Robert Sanford Thomason
 STREET ADDRESS **920 Hartford Dr**
 CITY-ST-ZIP **Deland FL 32724-2956**

TITLE NAME Delete
SWD
KARTZMARK, DONALD
 STREET ADDRESS **1135 E LOMBARDY DR**
 CITY-ST-ZIP **DELTONA, FL 327256446**

TITLE NAME Change Addition
WORSHIPFUL MASTER (D) Change Addition
Dale Chapman
 STREET ADDRESS **2404 Courtland Blvd**
 CITY-ST-ZIP **Deltona FL 32738-2535**

TITLE NAME Delete
JWD
CHAPMAN, DALE
 STREET ADDRESS **2404 COURTLAND BLVD**
 CITY-ST-ZIP **DELTONA, FL 327382535**

TITLE NAME Change Addition
JUNIOR WARDEN (D) Change Addition
Luis Manuel Martir
 STREET ADDRESS **2535 E Juliet Dr**
 CITY-ST-ZIP **Deltona FL 32738-2429**

TITLE NAME Delete
TD
RITTER, WILLIAM B
 STREET ADDRESS **1723 TARRYTOWN AVE**
 CITY-ST-ZIP **DELTONA, FL 327254508**

TITLE NAME Change Addition
WMD
MERIDETH, MARION K
 STREET ADDRESS **917 IRON BEND TRL**
 CITY-ST-ZIP **OSTEEN, FL 327649738**

TITLE NAME Delete
WMD
MERIDETH, MARION K
 STREET ADDRESS **917 IRON BEND TRL**
 CITY-ST-ZIP **OSTEEN, FL 327649738**

TITLE NAME Change Addition
WMD
MERIDETH, MARION K
 STREET ADDRESS **917 IRON BEND TRL**
 CITY-ST-ZIP **OSTEEN, FL 327649738**

TITLE NAME Delete
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE NAME Change Addition
 STREET ADDRESS _____
 CITY-ST-ZIP _____

B 4/2/07

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: James A. Nash **James A. Nash** **3-8-07** **407-423-9398 x3062**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #