
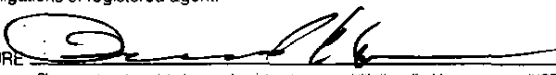



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90024 046 ****61.25

DOCUMENT # C10193					
1. Entity Name LANDMARK LODGE NO. 383 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST 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		4. FEI Number 59-2264867	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNER 220 OCEAN STREET JACKSONVILLE, FL 32202			Name 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: 4/16/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> Delete	11. TREASURER (D) Change <input checked="" type="checkbox"/> Addition			
NAME	NASH, JAMES A	TITLE	LARRY DUFFEY BRUCKER		
STREET ADDRESS	186 FOREST LANE	STREET ADDRESS	2800 CELERY AVE.		
CITY-ST-ZIP	DEBARY, FL 327132050	CITY-ST-ZIP	SANFORD, FL. 32771-9615		
TITLE	SWD <input checked="" type="checkbox"/> Delete	TITLE	WORKSHIPPFUL MASTER (D) Change <input checked="" type="checkbox"/> Addition		
NAME	THOMASSON, ROBERT S	NAME	Robert Sanford Thomasson		
STREET ADDRESS	920 HARTFORD DR	STREET ADDRESS	920 Hartford Dr		
CITY-ST-ZIP	DELAND, FL 327242958	CITY-ST-ZIP	Deland FL 32724-2958		
TITLE	WMD <input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) Change <input checked="" type="checkbox"/> Addition		
NAME	CHAPMAN, DALE	NAME	Bruce Allen West		
STREET ADDRESS	2404 COURTLAND BLVD	STREET ADDRESS	349 Plantation Club Dr		
CITY-ST-ZIP	DELTONA, FL 327382535	CITY-ST-ZIP	Deltona FL 32713-2227		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE			
NAME	RITTER, WILLIAM B	NAME			
STREET ADDRESS	1723 TARRYTOWN AVE	STREET ADDRESS			
CITY-ST-ZIP	DELTONA, FL 327254508	CITY-ST-ZIP			
TITLE	JWD <input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) Change <input checked="" type="checkbox"/> Addition		
NAME	MARTIN, LUIS M	NAME	ANTONIO A. GERMOSEN		
STREET ADDRESS	2535 E JULIET DR	STREET ADDRESS	479 FORT SMITH BLVD.		
CITY-ST-ZIP	DELTONA, FL 327382429	CITY-ST-ZIP	DELTONA, FL. 32738-8907		
TITLE	<input type="checkbox"/> Delete	TITLE			
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.					
SIGNATURE: 				DATE: 4-10-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	