




# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90169 038 \*\*\*\*61.25

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # C10199</b><br>1. Entity Name<br><b>ORMOND BEACH LODGE NO. 326 FREE AND<br/>ACCEPTED MASONS OF FLORIDA</b>  |  |   |  |   |  |
| Principal Place of Business<br><b>ROY CONNOR SHEPPARD<br/>220 OCEAN ST<br/>JACKSONVILLE, FL 32202 US</b>   |  |   | Mailing Address<br><b>ROY CONNOR SHEPPARD<br/>220 OCEAN ST<br/>JACKSONVILLE, FL 32202 US</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>23-7215361</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | 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>   |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>JWD<br/>KIMBLE, DANIEL E<br/>12 SOCO TRL<br/>ORMOND BEACH, FL 321744943</b>       | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>SENIOR WARDEN</del><br><b>Daniel Edmond Kimble<br/>12 Soco Trl<br/>Ormond Beach FL 32174-4943</b>                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SD<br/>BOGGESE, ROBERT W<br/>119 RAYMAR DR<br/>ORMOND BEACH, FL 32176</b>         | <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   | <b>WMD<br/>GERALDS, ELMER<br/>1 SETTING SUN TRAIL<br/>ORMOND BEACH, FL 321744961</b> | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>UNITED WARDEN</del><br><b>Thomas Dean Neely Jr<br/>5 Winchester Rd<br/>Ormond Beach FL 32174-2500</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>SWD<br/>SANSOM, DAMON S<br/>1839 NELSON AVE<br/>ORMOND BEACH, FL 321747227</b>    | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>WORTHFUL MASTER</del><br><b>Damon Scott Sansom<br/>1839 Nelson Ave<br/>Ormond Beach FL 32174-7227</b>                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TD<br/>DAMICO, JERRY L<br/>83 MAYFIELD CIR<br/>ORMOND BEACH, FL 32174</b>         | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>TREASURER</del><br><b>Edwin Barcomb Moore III<br/>8 Barbara Ct<br/>Ormond Beach FL 32174-4969</b>                               | <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. |  |   |  |  |  |
| <b>SIGNATURE:</b>  <b>Robert W. Boggers</b> <b>3-27-07</b> <b>386-441-3049</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>  |  |   |  |  |  |