

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90015 032 \*\*\*\*61.25

**DOCUMENT # C10202**

1. Entity Name  
**CHERRY HILL LODGE NO. 12 FREE AND ACCEPTED  
MASONS OF FLORIDA**



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

Mailing Address  
**C/O ROY CONNOR SHEPPARD  
220 OCEAN ST  
JACKSONVILLE, FL 32202 US**

40040010



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1739198**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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  
220 OCEAN ST  
JACKSONVILLE, 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  
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

TITLE **WMD** ☒ Delete  
NAME **LEHMANN, JOHN A**  
STREET ADDRESS **19126 SW STATE RD 47**  
CITY-ST-ZIP **FORT WHITE, FL 320384900**

TITLE **SWD** ☒ Delete  
NAME **GIBSON, ARNOLD L**  
STREET ADDRESS **171 SW TALL PINE CT**  
CITY-ST-ZIP **LAKE CITY, FL 320241986**

TITLE **JWD** ☒ Delete  
NAME **ENGLE, HUBERT L**  
STREET ADDRESS **479 SW LEVIL LN**  
CITY-ST-ZIP **FORT WHITE, FL 32038**

TITLE **TD** ☐ Delete  
NAME **TERRELL CROFT, KENNETH**  
STREET ADDRESS **857 SW OLD BELLAMY ROAD**  
CITY-ST-ZIP **HIGH SPRINGS, FL 32643**

TITLE **SD** ☐ Delete  
NAME **ALBERT YOUNG, FREDERICK**  
STREET ADDRESS **40 S SE STARDUST PLACE**  
CITY-ST-ZIP **LAKE CITY, FL 32024**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **JUNIOR WARDEN** ☐ Change ☒ Addition  
NAME **Brian Keith Kosko**  
STREET ADDRESS **P O Box 3418 N/A**  
CITY-ST-ZIP **Lake City FL 32056-3418**

TITLE **WORSHIPFUL MASTER** ☐ Change ☒ Addition  
NAME **Arnold Lee Gibson**  
STREET ADDRESS **171 SW Tall Pine Ct**  
CITY-ST-ZIP **Lake City FL 32024-1986**

TITLE **SENIOR WARDEN** ☐ Change ☒ Addition  
NAME **Hubert Louis Engle**  
STREET ADDRESS **479 SW Levil Ln**  
CITY-ST-ZIP **Fort White FL 32038**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: *Frederick A. Young* **Frederick A. Young** 3-12-07 (386) 758-8850  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #