


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90168 034 \*\*\*\*61.25

<b>DOCUMENT # C10204</b> 1. Entity Name <b>CABUL LODGE NO. 116 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. 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	4. FEI Number <b>59-6195686</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	S	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	BUNNELL, BEJAMIN W		SECRETARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	3844 RON RD		Jerry Otto Lewis		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 320438585		1250 Pirates Cove Ln		
TITLE	TD	<input type="checkbox"/> Delete	Orange Park FL 32003-7261		
NAME	LAW, GRADY B		<del>SENIOR WARDEN</del> (D)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	1804 COLONIAL DR		Kenneth Wayne Sterling		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043		2207 Knowles Rd		
TITLE	D	<input checked="" type="checkbox"/> Delete	Green Cove Springs FL 32043	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LEWIS, JERRY O		<del>WORSHIPFUL MASTER</del> (D)		
STREET ADDRESS	522 KEVIN DR		John Leonard Loner Jr		
CITY-ST-ZIP	ORANGE PARK, FL 32073		415 S Oakridge Ave		
TITLE	D	<input checked="" type="checkbox"/> Delete	Green Cove Springs FL 32043-3605	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHELBY BARLING, SID		<del>WORSHIPFUL MASTER</del> (D)		
STREET ADDRESS	3064 MOODY AVE		Sid Shelby Barling		
CITY-ST-ZIP	ORANGE PARK, FL 32065		3064 Moody Ave		
TITLE	JW	<input checked="" type="checkbox"/> Delete	Orange Park FL 32065-6805	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STERLING, KENNETH W		NAME		
STREET ADDRESS	2207 KNOWLES RD		STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 320438822		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	HICKOX, RAPHAEL E		NAME		
STREET ADDRESS	5550 STEAMBOAT RD		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092		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.					
<b>SIGNATURE:</b> <u><i>Jerry O. Lewis</i></u> <b>JERRY O. LEWIS (SECRETARY)</b> 3/2/07 (904) 269-6595					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					