## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # C10204

1. Entity Name CABUL LODGE NO. 116 FREE AND ACCEPTED MASONS OF FLORIDA



FILED Mar 13, 2008 8:00 am Secretary of State

03-13-2008 90036 038 \*\*\*\*61.25

OF FLOR					
C/O ROY CONNOR SHEPPARD C/O 220 OCEAN ST. 220		Mailing Address C/O ROY CONNOR SHEP 220 OCEAN ST. JACKSONVILLE, FL 3220		L ICENTER MEN HEN GENE WEN EEUW EEUW END BIEN BIEN ENDW ENDW ENEW EN EN	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01222008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number Applied For 59-6195686 Not Applicab	ole
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
CHEDDAD	D BOY CONNOR		Lvnn	, Richard Edward	
SHEPPARD, ROY CONNOR 220 OCEAN STREET			V. 122010	Doean Street and Accordions)	
JACKSONVILLE, FL 32202				ionville, Florida 32202	
			Jucks	sonvine, Piorida 32202	
			CS	F. L. 2:p Corte	
		or the purpose of changing its r	egistered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept	pt
the obligati	ons of registered agent.	1/1		3/4/	
		26		2/0/08	
SIGNATURE .	Signature, typed or printed name of registered agent	and little if applicable. (NOTE:	Registered Agent signature requir	red when reinstating) DATE	
		S. Flanking Once		\$5.00 May Be	
į	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	· · · · ·	\$5.00 May Be Added to Fees  Added to Fees  Added to Fees	3.7
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	1.72
TITLE	D	☐ Delete	TITLE	Change Additi	ion
NAME	LONER JR, JOHN L		NAME		
STREET ADDRESS 415 S. OAKRIDGE AVE			STREET ADDRESS		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32	<del>_</del>	CITY-ST-ZIP		
TITLE NAME	.TD LAW, GRADY B	☐ Defete	TITLE	☐ Change ☐ Additi	00
STREET ADDRESS	1804 COLONIAL DR		NAME Street address		
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32		- · · · · · · · · · · · · · · · · · · ·		
TITLE		2043	CITY-ST-ZIP		
1 2	S	2043	CITY-ST-ZIP TITLE	☐ Change ☐ Additi	on
NAME -	LEWIS, JERRY O		-	☐ Change ☐ Additi	on
STREET ADDRESS	LEWIS, JERRY O 1250 PIRATES COVE LN	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Additi	ion
_	LEWIS, JERRY O	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- ·	
STREET ADDRESS CITY-ST-ZIP	LEWIS, JERRY O 1250 PIRATES COVE LN ORANGE PARK, FL 320037261 D	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NIOR WARDEN (D) ☐ Change <b>M</b> Additi	
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LEWIS, JERRY O 1250 PIRATES COVE LN ORANGE PARK, FL 320037261 D SHELBY BARLING, SID 3064 MOODY AVE	□ Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 11:	NIOR WARDEN (D) □ Change <b>ja</b> AddNi egory Poul Joimin Sr	ioa
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12. I nereby ceruly 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

VISIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

Date

Date

Description

Description