



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90040 024 ****61.25

DOCUMENT # C10208 1. Entity Name CITRUS LODGE NO. 118 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center; font-weight: bold; font-size: 1.2em;">20001111</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 01202007 Chg-NP CR2E037 (12/06) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> 4. FEI Number 59-0194073 </div> <div style="width: 35%;"> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="margin-top: 10px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD BLANTON, GARY H 150 N. OAKWOOD TERRACE INVERNESS, FL 344531011	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> WORSHIPFUL MASTER (D) Wayne Charles Sessa 60 New Florida Ave Beverly Hills FL 34465-4317 <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD SESSA, WAYNE C 60 NEW FLORIDA AVE BEVERLY HILLS, FL 344654317	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> SENIOR WARDEN (D) Steven Hurst Creamer 6232 E Joyce Ln Inverness FL 34452-7634 <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD CREAMER, STEVEN H 6232 E JOYCE LN INVERNESS, FL 344527634	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </div> JUNIOR WARDEN (D) Osaim M Miggad 886 Pritchard Island Rd Inverness FL 34450-3573 <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARNER, KEVIN D 1420 N. MANADA HILL DR INVERNESS, FL 344530406	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GINGRICH, EDWARD R 4130 INDIANHEAD RD HERNANDO, FL 34442	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUFF, BILLY SW 1033 E CLOVERNOOK LN INVERNESS, FL 344502779	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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: <i>X Kevin D. Warner</i> <i>Kevin D. Warner</i> <i>3/5/07</i> <i>(352)</i> <i>344-4544</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					