

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90188 038 \*\*\*\*61.25

<b>DOCUMENT # C10210</b> 1. Entity Name <b>MAYO LODGE NO. 119 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</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>23-7215359</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
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>			<b>Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202</b> <div style="text-align: right;">FL 7p Code</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 <span style="float: right;">4/30/08</span> <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 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE	WMD	<input type="checkbox"/> Delete			
NAME	MASSEY, LEONARD W				
STREET ADDRESS	317 NW OAKLAND RD				
CITY-ST-ZIP	POMPAÑO BEACH, FL 330663857				
TITLE	SWD	<input checked="" type="checkbox"/> Delete			
NAME	HAMLIN, CURTIS O				
STREET ADDRESS	PO BOX 561				
CITY-ST-ZIP	MAYO, FL 32066				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	MCCRAY, WILLIAM C				
STREET ADDRESS	P.O. BOX 347 N/A				
CITY-ST-ZIP	MAYO, FL 320660347				
TITLE	JWD	<input type="checkbox"/> Delete			
NAME	HAMLIN, WILLIAM C				
STREET ADDRESS	398 NE HOWARD A HAMLIN LN				
CITY-ST-ZIP	MAYO, FL 320665426				
TITLE	S	<input type="checkbox"/> Delete			
NAME	WINBURN, WAYNE R JR				
STREET ADDRESS	P O BOX 1403				
CITY-ST-ZIP	MAYO, FL 320661403				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<b>SENIOR-WARDEN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
<b>Alfred Troyat Revels Jr</b>					
<b>RR 2 Box 949</b>					
<b>Mayo FL 32066-9620</b>					
<b>WORSHIPFUL MASTER (D)</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>Curtis O'Donald Hamlin</b>					
<b>PO Box 561</b>					
<b>Mayo FL 32066-0561</b>					
<b>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 <span style="float: right;">4/30/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					