
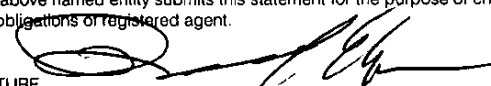



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90037 007 \*\*\*\*61.25

<b>DOCUMENT # C10216</b> 1. Entity Name <b>WALDO LODGE NO. 10 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>23-7526334</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent  <b>Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202</b>	
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.</small>				DATE <b>3/10/08</b> <small>(NOTE: Registered Agent signature required when reinstating)</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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>MARTIN, CHARLES F 15311 NW 140TH ST ALACHUA, FL 326156233</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>PRESLEY, JAMES E 18015 N CTY RD 235 GAINESVILLE, FL 32609</b>		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<b>JUNIOR WARDEN Charles Frederick Hall Jr P O Box 305 N/A Waldo FL 32694-0305</b>	
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BROWN, JAMES J PO BOX 856 WALDO, FL 32694</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete <b>FAIRCLOTH, DONALD C 4904 NW 38TH ST GAINESVILLE, FL 32605</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>CLEVINGER, EARNEST JR P O BOX 722 WALDO, FL 32694</b>		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY Earnest Clevinger Jr 14804 NE 142nd St Waldo FL 32694-4069</b>	
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>EARNEST CLEVINGER, JR</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>03-04-08</b>		Daytime Phone # <b>352-468-2572</b>