

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-16-2007 90040 011 ****61.25

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01202007 Chg-NP CR2E037 (12/06)

DOCUMENT # C10217 1. Entity Name GROVELAND LODGE NO. 190 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202		
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 23-7424051			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
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 <div style="display: flex; justify-content: space-between;"> FL Zip 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	JW	<input checked="" type="checkbox"/> Delete			
NAME	HAYES, BILL H				
STREET ADDRESS	2108 KINGSMILL WY				
CITY-ST-ZIP	CLERMONT, FL 347116947				
TITLE	WM	<input checked="" type="checkbox"/> Delete			
NAME	WADDELL, OLIVER E III				
STREET ADDRESS	1061 SCENIC VIEW DR				
CITY-ST-ZIP	CLERMONT, FL 34711				
TITLE	SW	<input checked="" type="checkbox"/> Delete			
NAME	MILLER, JOHN L				
STREET ADDRESS	21916 KING ALFRED ST				
CITY-ST-ZIP	LEESBURG, FL 347487976				
TITLE	S	<input type="checkbox"/> Delete			
NAME	BROWN, SIMON T JR				
STREET ADDRESS	320 E JIM PAYNE RD				
CITY-ST-ZIP	GROVELAND, FL 347362260				
TITLE	T	<input type="checkbox"/> Delete			
NAME	KUHARSKE, JEFFREY H				
STREET ADDRESS	2368 BAY LK LP				
CITY-ST-ZIP	GROVELAND, FL 347368412				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10					
SENIOR WARDEN (D)		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
Bill Hayden Hayer					
2108 Kingmill Way					
Clermont FL 34711-6947					
JUNIOR WARDEN (D)		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
Donald Miles Martin					
21909 King Alfred St					
Leesburg FL 34748-7976					
WORSHIPFUL MASTER (D)		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
John Lawrence Miller					
21916 King Alfred St					
Leesburg FL 34748-7976					
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>S. T. Brown, Jr</i>		SECRETARY			
S. T. BROWN, JR		3-08-07 352-429-2770			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			