
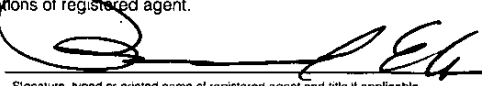
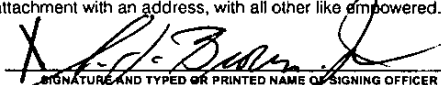


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90023 049 ****61.25

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	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			LYNNE, RICHARD EDWARD 220 Ocean Street Jacksonville, Florida 32202		
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 			DATE <u>3/28/08</u>		
Filing Fee Is \$61.25 Due by May 1, 2008			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 <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, BILL HAYDEN 2108 KINGSMILL WY CLERMONT, FL 347116947		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, DONALD MILES 21909 KING ALFRED ST LEESBURG, FL 34748		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOHN LAWRENCE 21916 KING ALFRED ST LEESBURG, FL 347487976		<input checked="" type="checkbox"/> Delete	JUNIOR WARDEN (D) Albert Michael Kaelin 5734 King James Ave Leesburg, FL 34748-7989	
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, SIMON T JR 320 E JIM PAYNE RD GROVELAND, FL 347362260		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input checked="" type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	T KUHARSKE, JEFFREY H 2368 BAY LK LP GROVELAND, FL 347368412		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" 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: 			DATE <u>13-13-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					