## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10217



FILED Apr 02, 2008 8:00 am Secretary of State 04-02-2008 90023 049 \*\*\*\*61.25

1. Entity Name GROVELAND LODGE NO. 190 FREE AND ACCEPTED MASONS OF FLORIDA						04-0.	2-2008 90	025 0 15	, · · · · · · · · · · · · · · · · · · ·	23
Principal Place of Business C/O ROY CONNOR SHEPPARD C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202  Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202							I 4F881 (VIII) (XII)	BYRN RIBN RER	IL RIPII DIDII DIDII	11 <b>81 S</b> t 1881
Principal Place of Business - No P.O. Box #     Mailing Address				SS						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02072008 Chg-	NP	CR2E03	7 (12/06)	
City & State			City & State		7	4. FEI Number 23-7424051			<u> </u>	plied For t Applicable
Žip	Zip Country		Zip	Country		5. Certificate of Status Desired Status Desired 5.				itional
6. Name and Address of Current Registered Agent					7	7. Name and Addres	s of New Re	egistered A	gent	
JACKSONVILLE, FL 32202						chard-Edward				
					KSOHV	ille, Florida 3	2202	i i.	ZaCes	
8. The above the obligat	named entitions of regist	y submits this statement for tared agent.	ir the purpose of changing its i	registered office of	r registered	agent, or both, in the	State of Fior	rida. Tamri	annai wii,	accept
SIGNATURE  Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
Filing Fee Is \$61.25  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees										
	•					5.00 May Be dided to Fees	Ma Flori	ake check da Depart	payable to ment of St	
10	Due by N		Trust Fund Co		∐ Å		Flori	da Depart	ment of St	ate 1
TITLE'	Due by N	OFFICERS AND DI	Trust Fund Co	11.	∐ Å	dded to Fees	Flori TO OFFICER	da Depart	RECTORS IN	ate 1
TITLE' NAME	Due by N D HAYES, E	OFFICERS AND DIE	Trust Fund Co	11. TITLE NAME	∐ Å	dded to Fees	Flori TO OFFICER	da Depárt RS AND DIF	RECTORS IN	10
TITLE'	Due by N D HAYES, E 2108 KING	OFFICERS AND DI	Trust Fund Co	11.	∐ Å	dded to Fees	Flori TO OFFICER	da Depárt RS AND DIF	RECTORS IN	10
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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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

S.T. BROWN, JR

Daytime Phone #