2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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03-13-2007 90015 012 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40034839

DOCUMENT # C10218

1. Entity Name
PINE HILL LODGE NO. 9 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202	ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202

01162007 Chg-NP CR2E037 (12/06)

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 23-7526333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEPPARD, ROY C 220 OCEAN STREET JACKSONVILLE, FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD RAULERSON, RANDY 11150 SW 42ND ST GRAHAM, FL 32042	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SENIOR WARDEN (D) Randy Raulerson 11150 SW 42nd St Graham FL 32042	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, JEFFRY A SR 27176 KRISTIE CIR S HILLIARD, FL 320465268	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUNIOR WARDEN (D) Robert Earl Smith 9280 SE County Road 221 Hampton FL 32044-4348	☐ Change ☒ Addition
TITLE / NAME ✓ / STREET ADDRESS / CITY-ST-ZIP	TD TETSTONE, OTIS 12102 SW COUNTY RD 235A BROOKER, FL 326223012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKIBBEN, JOHN R 925 SE CHERRY ST HIGH SPRINGS, FL 326439684	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WORSHIPFUL MASTER (D) John Robert McKibben 17657 NW 238 Ter High Springs FL 32643-9684	☒ Change ☐ Addition
TITLE / NAME ✓ / STREET ADDRESS / CITY-ST-ZIP	SD HOLDER, ROBERT L 214 W. MIMOSA DR. STARKE, FL 32091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 3/30/07	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X Robert L Holder Robert L. Holder 3-4-07 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #