

FILED
Apr 03, 2007 8:00 am
Secretary of State

3

DOCUMENT # C10221					
1. Entity Name VILLAGE LODGE NO. 315 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202		Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-0908105	
Zip		Country		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 CONNOR 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$81.25 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	WMD GREGORY, JR, JAMES C 13600 NW 1ST AVE MIAMI, FL 331684810	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) Brian Eric Kantor 21270 NE 23rd Ave Miami FL 33180-1006	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD GRAY, MARK E 11915 NE 11TH PL MIAMI, FL 33168433	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WARDEN MASTER (D) Mark Earl Gray 3511 NW 20th St Miami, FL 33142-6803	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD KURBAN, JED 5800 SW 35TH ST MIAMI, FL 331554929	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) Jed Kurzban 5800 SW 35th St Miami-FL 33155-4929	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSE, ROBERT D 29 NW 108TH ST MIAMI SHORES, FL 331501245	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORSON, CHRISTOPHER A 1207 NE 82 ST. MIAMI, FL 331384133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 517, 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:  MARK E. GRAY 3-6-07 904-354-2339					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					