

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90016 049 \*\*\*\*61.25

<b>DOCUMENT # C10221</b>					
<b>1. Entity Name</b> VILLAGE LODGE NO. 315 FREE AND ACCEPTED MASONS OF FLORIDA					
<b>Principal Place of Business</b> C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202			<b>Mailing Address</b> C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-0908105	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			<b>7. Name and Address of New Registered Agent</b>  Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
<b>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.</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE</b>   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>DATE</b> 3/13/08  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> KANTOR, BRIAN E <b>STREET ADDRESS</b> 21290 NE 23RD AVE <b>CITY-ST-ZIP</b> MIAMI, FL 33180	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> WORSHIPFUL MASTER (D) <b>NAME</b> Jed Kurzban <b>STREET ADDRESS</b> 5800 SW 35th St <b>CITY-ST-ZIP</b> Miami, FL 33155-4929	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SWD <b>NAME</b> GRAY, MARK E <b>STREET ADDRESS</b> 3511 NW 20TH ST <b>CITY-ST-ZIP</b> MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SENIOR WARDEN (D) <b>NAME</b> Brian Eric Kantor <b>STREET ADDRESS</b> 21290 NE 23rd Ave <b>CITY-ST-ZIP</b> Miami, FL 33180-1006	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> JWD <b>NAME</b> KURZBAN, JED <b>STREET ADDRESS</b> 5800 SW 35TH ST <b>CITY-ST-ZIP</b> MIAMI, FL 331554929	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> JUNIOR WARDEN (D) <b>NAME</b> Dominic Campeau <b>STREET ADDRESS</b> 933 SW 149th Way <b>CITY-ST-ZIP</b> Sunrise-FL-33326-1953	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> ROSE, ROBERT D <b>STREET ADDRESS</b> 29 NW 106TH ST <b>CITY-ST-ZIP</b> MIAMI SHORES, FL 331501245	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> MORSON, CHRISTOPHER A <b>STREET ADDRESS</b> 1207 NE 82 ST. <b>CITY-ST-ZIP</b> MIAMI, FL 331384133	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> TREASURER (D) <b>NAME</b> James, C Gregory Jr <b>STREET ADDRESS</b> 13600 NW 1st Ave <b>CITY-ST-ZIP</b> Miami, FL 33168-4810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			<b>JED. KURZBAN</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/3/2008 (305) 68-2250</b> <small>Date Daytime Phone #</small>		