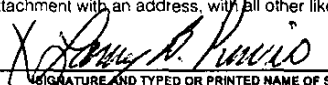


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90169 018 \*\*\*\*61.25

<b>DOCUMENT # C10222</b> 1. Entity Name <b>CORINTHIAN LODGE NO. 191 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202</b>		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing 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>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	<b>JWD GILLIARD, JIMMY L PO BOX 4 MULBERRY, FL 338600004</b>	<input type="checkbox"/> Delete			
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	<b>SD ATKINS, DOUGLAS P JR 309 9TH ST NE MULBERRY, FL 338602125</b>	<input type="checkbox"/> Delete			
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	<b>D BUCKARDT, BRIAN B 407 KUMMER DR MULBERRY, FL 338608300</b>	<input type="checkbox"/> Delete			
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	<b>TD JAMES-MOSES, GERALD POBOX 682 MULBERRY, FL 338600682</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD PURVIS, LARRY B 2812 MAGNOLIA AVE LAKELAND, FL 338134039</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WORSHIPFUL MASTER (D) Larry Bartley Purvis 2812 Magnolia Ave Lakeland FL 33813-4039</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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>SIGNATURE:</b>  <b>Larry B. Purvis</b>			<b>3-15-07</b>		<b>904-354-2339</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40049583



01202007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1978974**

Applied For  
Not Applicable

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

**FL** Zip Code