
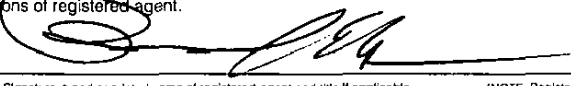


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90036 009 \*\*\*\*61.25

<b>DOCUMENT # C10222</b>					
1. Entity Name CORINTHIAN LODGE NO. 191 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1978974	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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		Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202			
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 3/10/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	JWD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIARD, JIMMY L		NAME		
STREET ADDRESS	PO BOX 4		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 338600004		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ATKINS, DOUGLAS P JR		NAME	Gerald Bryion Simpson	
STREET ADDRESS	309 9TH ST NE		STREET ADDRESS	311 NE 9th St	
CITY-ST-ZIP	MULBERRY, FL 338602125		CITY-ST-ZIP	Mulberry, FL 33860-2125	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKARDT, BRIAN B		NAME		
STREET ADDRESS	407 KUMMER DR		STREET ADDRESS		
CITY-ST-ZIP	MULBERRY, FL 338608300		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES-MOSES, GERALD		NAME	Gerald James Moses	
STREET ADDRESS	PO BOX 682		STREET ADDRESS	P O Box 682 N/A	
CITY-ST-ZIP	MULBERRY, FL 338600682		CITY-ST-ZIP	Mulberry, FL 33860-0682	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURVIS, LARRY B		NAME		
STREET ADDRESS	2812 MAGNOLIA AVE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 338134039		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		Date 3-2-08		Daytime Phone # 868-4253243	