

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-13-2007 90015 042 *****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40034000



02092007 Chg-NP CR2E037 (12/06)

DOCUMENT # C10223					
1. Entity Name HARRY JACKSON LODGE NO. 314 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
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 59-6600448	
				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 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 _____ 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	SW	☒ Delete		TITLE	WORSHIPFUL MASTER (D) ☐ Change ☒ Addition
NAME	JENCKS, LAWRENCE W			NAME	Kenneth Paul Leavins
STREET ADDRESS	P.O. BOX 646			STREET ADDRESS	121 N Kimbrel Ave
CITY-ST-ZIP	PANAMA CITY, FL 324020646			CITY-ST-ZIP	Gallaway FL 32404-7515
TITLE	JW	☒ Delete		TITLE	SENIOR WARDEN (D) ☒ Change ☐ Addition
NAME	BRANNEN, TONY A JR			NAME	Tony Alan Brannen Jr
STREET ADDRESS	P.O. BOX 1077			STREET ADDRESS	P O Box 1077 N/A
CITY-ST-ZIP	LYNN HAVEN, FL 324441077			CITY-ST-ZIP	Lynn Haven FL 32444-1077
TITLE	WM	☒ Delete		TITLE	JUNIOR WARDEN (D) ☐ Change ☒ Addition
NAME	REGISTER, NATHAN AARON			NAME	Michael Lynn Miller
STREET ADDRESS	3127 G ST			STREET ADDRESS	6018 E Highway 98
CITY-ST-ZIP	PANAMA CITY, FL 324043124			CITY-ST-ZIP	Panama City FL 32404-7427
TITLE	S	☐ Delete		TITLE	
NAME	CORBETT, STATEN W			NAME	
STREET ADDRESS	4200 GARRISON RD			STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN, FL 324669222			CITY-ST-ZIP	
TITLE	TD	☐ Delete		TITLE	
NAME	HAIR, JOE R III			NAME	
STREET ADDRESS	202 FLORIDA AVE			STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN, FL 32444			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	
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: <i>Staten W. Corbett</i> STATEN W. CORBETT, SEC. 03/03/2007 850 784-4415					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					