

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90036 010 \*\*\*\*61.25

<b>DOCUMENT # C10224</b> 1. Entity Name <b>DUNEDIN LODGE NO. 192 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6131184</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</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.					
SIGNATURE _____ DATE <b>3/10/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD LAWLESS, JOHN MICHAEL 2660 COUNTRYCLUB DR CLEARWATER, FL 33761</b>		<input checked="" type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHLENKER, CHRISTOPHER H 2051 SWAN LN PALM HARBOR, FL 346836274</b>		<input checked="" type="checkbox"/> Delete	<b>SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</b> <b>John Michael Lawless</b> <b>2660 Countryclub Dr</b> <b>Clearwater FL 33761-2717</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SAMMON, BERNARD J 1702 INDIANA AVE PALM HARBOR, FL 346833637</b>		<input type="checkbox"/> Delete	<b>JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</b> <b>Judson A Hiscutt</b> <b>4862 Hills Dr</b> <b>New Port Richey FL 34653-2824</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SEIDEL, DAVID C 1819 MAPLEWOOD CT PALM HARBOR, FL 34684</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRYCE, TIMOTHY L 3181 HARVEST MOON DR PALM HARBOR, FL 34683</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: X</b> <b>TIMOTHY L. BRYCE - SEC</b> <b>3/3/2008</b> <b>727-786-4567</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					