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Secretary of State
03-23-2007 90016 045 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3/2

DOCUMENT # C10225

1. Entity Name
HIRAM LODGE NO. 5 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O ROY CONNER SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202	C/O ROY CONNER SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202

01162007 Chg-NP CR2E037 (12/06)

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 59-2793813 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	WM MICHALSKI, JOHN H 8649 OAK FOREST TRL TALLAHASSEE, FL 323125038	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SENIOR WARDEN~~ (D) Michael Thomas Willis 186 Willis Rd Monticello FL 32344-5600	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SWD WARD, ARTHUR S 365 BOB WHITE TRL MONTICELLO, FL 323446310	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~WORSHIPFUL MASTER~~ (D) Arthur Stevenson Ward 365 Bob White Trl Monticello FL 32344-6310	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD FAGLIE, RAY H 545 W LAKE RD MONTICELLO, FL 323445651	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~JUNIOR WARDEN~~ (D) Nordaunt Bishop Jr 490 Holly Rd Monticello FL 32344-1030	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GEBHARD, JOHN CHARLES 25228 W. WASHINGTON ST. MONTICELLO, FL 32344	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FAGLIE, ROY H 545 WEST LAKE RD MONTICELLO, FL 323445651	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD SHEALEY, JOHN P 39 INDIAN HILLS RD MONTICELLO, FL 323445855	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: X Roy Faglie Roy Faglie Secretary 3-7-07 850-933-2938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #