


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90039 046 ****61.25

DOCUMENT # C10227 1. Entity Name OKALOOSA LODGE NO. 312 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN STREET 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 23-7526532	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD WILLIAMS, DONALD E <input checked="" type="checkbox"/> Delete 184 BAYSHORE DR FREEPORT, FL 324392104				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, THERON W <input checked="" type="checkbox"/> Delete P O BOX 635 N/A NICEVILLE, FL 325880638				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD WANNER, MICHAEL D <input checked="" type="checkbox"/> Delete 330 DESOTO RD EGLIN AFB, FL 32542				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD MOVER, RODERIC D JR <input checked="" type="checkbox"/> Delete 111 VILLAGREST DR CRESTVIEW, FL 325369287				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete EICHORN, KENNETH K PO BOX 635 NICEVILLE, FL 325880635				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10					
TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Dewitt Richardson 14359 Highway 20 Niceville FL 32578					
JUNIOR WARDEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edward Timothy Johnson 307 Orceola Ct Niceville FL 32518-3703					
WORSHIPFUL MASTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Dale Wanner 2193 Hagood Loop Crestview FL 32536-5458					
SENIOR WARDEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Roderic Dhu Mover Jr 111 Villagrest Dr Crestview FL 32536-9287					
<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.					
SIGNATURE: <u>Kenneth K. Eichorn</u> KENNETH K. EICHORN 03/08/07 (850) 678-7935 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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