
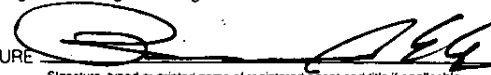
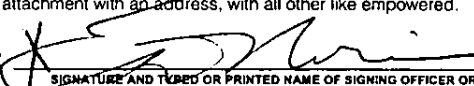


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90023 050 \*\*\*\*61.25

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # C10228</b>  |  |  |  |           |  |
| <b>1. Entity Name</b><br>ARCHER LODGE NO. 197 FREE AND ACCEPTED MASONS OF FLORIDA   |  |  |  |  |  |
| <b>Principal Place of Business</b><br>ROY CONNOR SHEPPARD<br>220 OCEAN ST<br>JACKSONVILLE, FL 32202 US  |  |  | <b>Mailing Address</b><br>ROY CONNOR SHEPPARD<br>220 OCEAN ST<br>JACKSONVILLE, FL 32202 US |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |  |  |
| City & State  |  | City & State   |  |  |  |
| Zip   | Country  | Zip  | Country  | <b>4. FEI Number</b><br>59-1879641   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>   |  |  |
| ROY CONNOR SHEPPARD<br>220 OCEAN STREET<br>JACKSONVILLE, FL 32202   |  |  | Name<br>Lynn, Richard Edward<br>220 Ocean Street<br>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.</b>  |  |  |  |  |  |
| SIGNATURE:  <span style="float: right;">3/26/08</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to:</b><br><b>Florida Department of State</b>   |  |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                               |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | JWD<br>COWART, JR, HILLARY<br>12713 SW 136TH TER<br>ARCHER, FL 326182364       | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | WORSHIPFUL MASTER (D)<br>Hillary Cowart Jr<br>12713 SW 136th Ter<br>Archer FL 32618-2364   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>BASS, GEORGE ALFRED<br>10434 MW 35TH PLACE<br>GAINESVILLE, FL 326065083   | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | SENIOR WARDEN (D)<br>Raymond Alequin<br>1010 NW 120th St<br>Gainesville FL 32606-0438      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | WMD<br>COWSENT, DUSTIN RAY<br>5779 SE 55TH AVE<br>TRENTON, FL 326933055        | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | JUNIOR WARDEN (D)<br>James Augustus Talbot Jr<br>13490 SW 173rd Ct<br>Archer FL 32618-5351 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SWD<br>WATERS, RICHARD LEE<br>13721 NW 60TH PLACE<br>GAINESVILLE, FL 326532542 | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | SECRETARY (D)<br>Edion D Norris<br>18506 SW 67th Ave<br>Archer FL 32618-2718               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>NANCE, MICHAEL ERNEST<br>4105 IONA ST<br>TITUSVILLE, FL 32796            | <input checked="" type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | TREASURER (D)<br>Armand Stephen Caudron<br>308 Bay St<br>Archer FL 32618-5204              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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> |  |  |  |  |  |
| <b>SIGNATURE:</b>  <span style="float: right;">Mar 17, 08 352-495-3463</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |  |  |  |