



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90024 040 \*\*\*\*61.25

<b>DOCUMENT # C10229</b> 1. Entity Name <b>EAST HILL LODGE NO. 310 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>		
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 <b>23-7164842</b>	
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	
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>				<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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4/7/08</b> <small>(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	D	<input checked="" type="checkbox"/> Delete			
NAME	TIPTON, MICHAEL S				
STREET ADDRESS	1641 E MAURA ST				
CITY-ST-ZIP	PENSACOLA, FL 325034164				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	FRANCIS, BRUCE A				
STREET ADDRESS	3815 DURANGO DR.				
CITY-ST-ZIP	PENSACOLA, FL 325098404				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	ADAMS, JOHN A				
STREET ADDRESS	4168 AQUA VISTA DR				
CITY-ST-ZIP	PENSACOLA, FL 325047604				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	MIDDLETON, WILLIAM M				
STREET ADDRESS	4216 CROYDON RD				
CITY-ST-ZIP	PENSACOLA, FL 325146814				
TITLE	SD	<input checked="" type="checkbox"/> Delete			
NAME	KIRTLEY, CARL G				
STREET ADDRESS	9807 LOQUAT DRIVE				
CITY-ST-ZIP	PENSACOLA, FL 325066117				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Michael Alan Yarbrough				
STREET ADDRESS	4016 E Johnson Ave				
CITY-ST-ZIP	Pensacola FL 32514-6826				
TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Edward Timothy Johnson				
STREET ADDRESS	307 Osceola Ct				
CITY-ST-ZIP	Niceville FL 32518-3703				
TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Wesley Shannon Hardy				
STREET ADDRESS	1107 E Hernandez St				
CITY-ST-ZIP	Pensacola FL 32503-5337				
TITLE	Secretary (D) <input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	Bruce Alan Francis				
STREET ADDRESS	3670 Overland Drive				
CITY-ST-ZIP	Pensacola, FL 32504-7533				
TITLE					
NAME					
STREET ADDRESS					
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.					
<b>SIGNATURE:  Bruce A. Francis, Secy</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>26 Mar 08</b>	Daytime Phone # <b>850-505-6417</b>