## **2008 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT

CITY-ST-ZIP

changed, or on an attachment with an add

SIGNATURE AND TYPED OR PRINTED NAME OF

## Mar 13, 2008 8:00 am Secretary of State DOCUMENT # C10230 03-13-2008 90037 004 \*\*\*\*61.25 JOPPA LODGE NO. 4 FREE AND ACCEPTED MASONS OF FLORIDA 400341 Principal Place of Business Mailing Address C/O ROY CONNOR SHEPPARD C/O ROY CONNOR SHEPPARD 220 OCEAN ST 220 OCEAN ST JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2784028 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lynn, Richard Edward. SHEPPARD, ROY CONNOR 220 Ocean Street TN Acc. pleb () 220 OCEAN STREET JACKSONVILLE, FL 32202 Jacksonville, Florida 32202 25年1 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. 1 am tamiliar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when DATE Signature, typed or printed name of registered agen Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be ⊌ Florida Department of State √ Trust Fund Contribution. Added to Fees Due by May 1, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE JUNIOR WARDEN (D) T tange TITLE Delete PITTMAN, JOHN R NAME NAME William George Bucholtz Jr STREET ADDRESS PO BOX 671 STREET ADDRES! 115 NE 209 Ave TRENTON, FL 326930671 CITY-ST-ZIP CITY-ST-ZIP 01d Town FL 32680-4409 ☐ Delete TITLE ■ Addition TITLE TRASK, ROBERT W NAME NAME STREET ADDRESS PO BOX 1210 STREET ADDRESS OLD TOWN, FL 326801210 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition DANIELS, GUYE H JR NAME NAME 504 NE 194TH AVE STREET ADDRESS STREET ADDRESS OLD TOWN, FL 326803705 CITY-ST-ZIP CITY-ST-ZIP (D) \_\_\_ Change TREASURER Addition Delete TITLE WARE, RANDOLPH W Harvey Joe Slayton NAME STREET ADDRESS 744 SE CR 480 STREET ADDRESS P 0 Box 936 CITY-ST-ZIP BRANFORD, FL 32008 CITY-ST-ZIP Trenton FL 32493-0934 ☐ Change ☐ Delete TITLE ☐ Addition TITLE DANIELS, GILBERT E NAME NAME 294 NE 502 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLD TOWN, FL 326800374 CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME STREET ADDRESS 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

G OFFICER OR DIRECTOR

FILED