
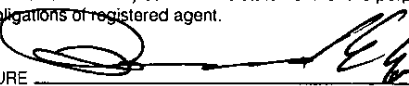
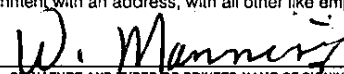


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90016 029 ****61.25

DOCUMENT # C10231 1. Entity Name ZEPHYR LODGE NO. 198 FREE AND ACCEPTED MASON OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 23-7526454	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
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  3/18/08 <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, 2008		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	JW D SMITH, CHARLES D <input checked="" type="checkbox"/> Delete 35811 PRADERA DR ZEPHYRHILLS, FL 335412234				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD BELL, HOWARD J SR <input checked="" type="checkbox"/> Delete 5636 VIAU WAY ZEPHYRHILLS, FL 335408554				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD GERARD, CARL G <input checked="" type="checkbox"/> Delete 37540 ALEXIS ST ZEPHYRHILLS, FL 335414164				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete BANDY, DEWEY E 4746 SEDENO DR ZEPHYRHILLS, FL 335412205				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete SCHNECK, DAVID M 34124 ESTATES LN ZEPHYRHILLS, FL 335435277				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Charles Dewitt Smith 35811 Pradera Dr Zephyrhills FL 33541-2234					
JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James H Litchford 1626 Brooks Bend Dr Wesley Chapel FL 33543-6516					
WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Carl George Gerard 37540 Alexis St Zephyrhills FL 33541-4164					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wesley Irving Manning P O Box 667 Zephyrhills FL 33539-0667					
<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:  03-13-08 813 788 6885 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					