

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90035 032 ****61.25

DOCUMENT # C10232

1. Entity Name
**ARLINGTON LODGE NO. 309 FREE AND ACCEPTED
MASONS OF FLORIDA**



Principal Place of Business
**ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US**

Mailing Address
**ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US**

40044643



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01232008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0856048

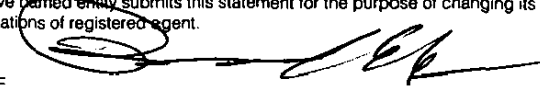
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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  DATE **3/10/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JONES, WILLIAM EDWARD 3229 STARRATT ROAD JACKSONVILLE, FL 322261316 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BODDEN, SR., THOMAS WAYNE 2456 CLEMSON ROAD JACKSONVILLE, FL 32217 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Bradley Lindsey Dunn 15126 Cape Dr N Jacksonville FL 32226-1267 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FUSSELL, ROBERT E SR 6730 RENEE TER JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KIMBERLY, CECIL G 4418 CHARTER POINT BLVD JACKSONVILLE, FL 32277 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Glenn Bowen 1792 Orlando Cir S Jacksonville FL 32207-6132 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:  Robert E. Fussell, Sr. Secretary, (904) 724-8093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **3/10/08** Daytime Phone #