


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90169 019 ****61.25

DOCUMENT # C10233

1. Entity Name
BUNNELL LODGE NO. 200 FREE AND ACCEPTED MASONS 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**

40043306



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01202007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
23-7526455

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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, 2007

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD GAULDIN, JR, RICHARD T 10 CHERRY CT PALM COAST, FL 321378357 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD EIDMAN, JOHN G 62 RALEIGH DR PALM COAST, FL 321646838 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD AULT, WILLIAM J 875 DERBYSHIRE RD DAYTONA BEACH, FL 321173961 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOROCHINSKI, WILLIAM P 2 PRINCESS ROSE DR PALM COAST, FL 321641700 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAIRD, WILLIAM E 2 PATUXENT LN PALM COAST, FL 321647543 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONAL CHANGES TO DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN Matthew Craig Bentley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 86 Pittman Dr Palm Coast FL 32164-4807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER John Godfrey Eidman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 62 Raleigh Dr Palm Coast FL 32164-6838
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN Stephen James Tilley <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 65 Foxhall Ln Palm Coast FL 32137-4416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER Frederick S Doherty <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3 Elder Pl Palm Coast FL 32164-6262
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. *William Sorochinski*

SIGNATURE: *William P. Sorochinski* Date: *3/14/07* Daytime Phone #: *386-448-4953*