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

FILED Apr 02, 2008 8:00 am Secretary of State

DOOLINENT # O40004	

1. Entity Name HARMON	MENT # C10234 P Y LODGE NO. 3 FREE ANI OF FLORIDA	D ACCEPTED		04-02-2008 90023 001 ****70.00
Principal Place C/O ROY CON 220 OCEAN S JACKSONVILL	INOR SHEPPARD St	Mailing Address C/O ROY CONNOR SHEP 220 OCEAN ST JACKSONVILLE, FL 322		
2. Principal Pi	lace of Business - No P.O. Box #	3. Mailing Address		T THE TERM THE TIER THE PROPERTY OF THE PROPER
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01212008 Chg-NP CR2E037 (12/06)
City & State	е	City & State		4. FEI Number Applied For 23-7017781 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
220 OCEA	D, ROY CONNOR N STREET VILLE, FL 32202		Jackso	Richard Edward (Cean Street ale No. 2002) onville, Florida 32202
	•		CH.	Left i p Com
	named entity submits this statement to	r the purpose of changing its i	registered office of registi	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	; Registered Agent signature require	
SIGNATURE .	Signature, typed or printed name of registered agent Filling Fee 1s \$81.25 Due by May 1, 2008		npaign Financing	
SIGNATURE .	Filing Fee is \$61.25	9. Election Cam Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIE SD YON, LEON S 6515 SMITH RD	9. Election Cam Trust Fund C	paign Financing contribution. 11. TITLE SEI NAME A TI 1 STREET ADDRESS 2 78	S5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 I OR WARDEN (D) Change Maddition thony Day id May D E9 Green St
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIE SD YON, LEON S	9. Election Cam Trust Fund C	paign Financing ontribution. 11. TITLE SET NAME A THE STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS CITY-ST-ZIP CONTRIBUTION OF STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees Make check payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change MARDEN (D) Change MADDINE Change MADDINE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change MADDINE Change
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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: DAVID J. TOMASZEK MAR. 22, 2008 (850) 579-8803

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OF PROPERTY.

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