## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # C10236**



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

1. Entity Name DADE CITY LODGE NO. 48 FREE AND ACCEPTED MASONS OF FLORIDA								03-13-2008 9	0037 01	01	.20
Principal Place of Business 220 OCEAN STREET C/O ROY CONNOR SHEPPARD JACKSONVILLE, FL 32202			Mailing Address 220 OCEAN STREET C/O ROY CONNOR SHEPPARD JACKSONVILLE, FL 32202				40044	(1871 881)	l #1111 A1211 A	IION GAGII BIBN BI	<b>a</b> ni <b>a</b> i ai 1886
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01212008	Chg-NP	CR2E	037 (12/06)	
City & State			City & State		4. FEI Number 23-7526357				<del></del>	pplied For lot Applicable	
Zip		Country			untry	5. Certificate of Status Desir			ed S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. Name and	Address of New R	legistered	Agent	
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202					Lynn, Richard Edward  220 Ocean Street  Jacksonville, Florida 32202						
					O.M				រុះវត្ត	1 3 Cm	C o
8. The above	named entit	y submits this statement for	the purpose of changing	its register	ed office or r	register	ed agent, or both	h, in the State of Flo	orida. I an	n familiar with	and accept
	lons of regic						^ /.	(			
SIGNATURE .					<del></del>		21.10	08			
	Signature, typed	or printed name of registered agent a	nd title if applicable. (N	OTE: Registere	id Agent signature	e required	when reinstating)		DATE		
Filing Fee is \$61.25  Due by May 1, 2008  9. Election Ca Trust Fund									200 100 100	<b>●</b> 4.2 1 1 1 1 1	
- L			<b>I</b>				\$5.00 May Bo Added to Fees		lake chec	ck payable	to ``` Ł
10.			Trust Fun		tion.	-	Added to Fees  ADDITIONS/CHA	Floi ANGES TO OFFICE	lake chec ida Depa T SAND D	ertment of S	to State
10.	Due by N	May 1, 2008 OFFICERS AND DIR	Trust Fun	d Contribut	E I	₩OR	Added to Fees  ADDITIONS/CHA SHIPFUL	ANGES TO OFFICE	lake chec ida Depa T SAND D	ck payable ertment of s	to State
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office 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: