

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90024 045 ****61.25

DOCUMENT # C10241					
1. Entity Name THE BUILDERS LODGE NO. 376 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01222008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1760809				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			Name 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 <u>4/2/08</u>		
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. <input type="checkbox"/>		\$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 GOGGIN, JOSEPH WILLIAM 1958 MID OCEAN CIR. SARASOTA, FL 342393411	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOHMANN, ROLF 3959 SERENITY CIR SARASOTA, FL 342353205	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORBIE, WILLIAM ALLEN 6747 FAIRVIEW TER BRADENTON, FL 342038860	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLADIN, DAVID G 2169 MAIN ST SARASOTA, FL 342373823	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, DERL B 5694 HALIFAX DR SARASOTA, FL 342333339	<input type="checkbox"/> Delete			
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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition M. Nyle Davenport 379 S Creek Ct Opa-locka, FL 334229-9113				
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"/> Change <input type="checkbox"/> Addition				
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:			MAR - 4 2008 <u>941-3651350</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		