


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90040 031 ****61.25

DOCUMENT # C10242					
1. Entity Name BROTHERHOOD LODGE NO. 375 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		20007720 	
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	02092007 Chg-NP CR2E037 (12/06) 4. FEI Number 51-0191362 <input type="checkbox"/> Applied For 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	SD	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, GEORGE W JR		NAME	Gregory Francis Wagner	
STREET ADDRESS	11518 TUSCANNY AVE		STREET ADDRESS	965 Cobblestone Dr	
CITY-ST-ZIP	SPRING HILL, FL 346083157		CITY-ST-ZIP	Spring Hill FL 34606-5832	
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, BRUCE		NAME	Wayne Raymond Heavens	
STREET ADDRESS	8070 LITTLE TEE LANE		STREET ADDRESS	1160 Toellis Ave	
CITY-ST-ZIP	BROOKSVILLE, FL 34613		CITY-ST-ZIP	Spring Hill FL 34604	
TITLE	SWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGNER, GREGORY		NAME	Hugh Joseph Delaney Sr	
STREET ADDRESS	1281 MARKHAM AVE		STREET ADDRESS	5335 Harrington St	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP	Brooksville, FL 34601-2358	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMAN, WILLIAM G		NAME	William Garner Carman	
STREET ADDRESS	3114 EAGLE BEND ROAD		STREET ADDRESS	3114 Eagle Bend Rd	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP	Spring Hill FL 34606-3152	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAGNER, GREGORY F.		NAME	Ralph William Scott	
STREET ADDRESS	1160 TOELLIS AVE		STREET ADDRESS	7330 Tranquil Dr	
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP	Spring Hill FL 34606-6445	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>George W. Robinson Jr.</i>		<i>George W. Robinson Jr.</i>		3-9-07 352-597-1209	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	