

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

03-13-2007 90015 016 *****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40034000



01182007 Chg-NP CR2E037 (12/06)

DOCUMENT # C10248					
1. Entity Name HAYWARD LODGE NO. 45 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		
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	4. FEI Number 23-7526354	
				Applied For <input type="checkbox"/> Additional Fee Required	
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	WMD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKER, JR, FRANKLIN ERVIN		NAME	Alton Kendrick Williams Jr.	
STREET ADDRESS	11434 227TH PL		STREET ADDRESS	8637 133rd Ln	
CITY-ST-ZIP	LIVE OAK, FL 320605723		CITY-ST-ZIP	Live Oak FL 32060-8837	
TITLE	SW	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUSCH, WENDELL RAY		NAME	Wendell Ray Rausch	
STREET ADDRESS	10035 105TH DR		STREET ADDRESS	10035 105th Dr	
CITY-ST-ZIP	LIVE OAK, FL 320606918		CITY-ST-ZIP	Live Oak FL 32060-6918	
TITLE	JW	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIS, BENJAMIN HORACE		NAME	Brody Clifton Harris III	
STREET ADDRESS	23310 120TH ST		STREET ADDRESS	9003 141st Dr	
CITY-ST-ZIP	LIVE OAK, FL 320605876		CITY-ST-ZIP	Live Oak FL 32060-6352	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTT, DONALD DEAN		NAME		
STREET ADDRESS	23110 102ND PL		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 320605922		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, MURL ROY		NAME		
STREET ADDRESS	11288 235TH DR		STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK, FL 320605731		CITY-ST-ZIP		
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>Donald D. Mott</i>			Date: 3-7-2007 386-658-1355		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					