


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90169 048 ****61.25

DOCUMENT # C10254					
1. Entity Name HYDE PARK LODGE NO. 370 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business		Mailing Address			
220 OCEAN ST JACKSONVILLE, FL 32202 US		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	02092007 Chg-NP CR2E037 (12/06)	
4. FEI Number			Applied For		Not Applicable \$8.75 Additional Fee Required
51-0171985					
5. Certificate of Status Desired <input type="checkbox"/>					
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 _____					
Signature, typed or printed name of registered agent and title if applicable. (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					
TITLE	WM	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SAUNDERS, THEODORE H		NAME	David Frederick Sparks Sr	
STREET ADDRESS	2028 BUNTING RD		STREET ADDRESS	576 Oakmont Dr	
CITY-ST-ZIP	JACKSONVILLE, FL 322102920		CITY-ST-ZIP	Orange Park FL 32073-1708	
TITLE	SW	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACKLEY, GEORGE M		NAME	George Mark Ackley	
STREET ADDRESS	1955 JAMMES RD		STREET ADDRESS	1955 Jammes Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 322102871		CITY-ST-ZIP	Jacksonville FL 32210-2871	
TITLE	JW	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, WILLIAM L		NAME	William Lee Wilson	
STREET ADDRESS	5122 BIRKENHEAD RD		STREET ADDRESS	5122 Birkenhead Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 322104002		CITY-ST-ZIP	Jacksonville FL 32210-4002	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCQUAIG, CARROLL ALAN		NAME	David Franklin Straining	
STREET ADDRESS	5615 CATOMA ST.		STREET ADDRESS	7427 Amandas Crossing DrN	
CITY-ST-ZIP	JACKSONVILLE, FL 322442217		CITY-ST-ZIP	Jacksonville FL 32244-6622	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, FLOYD C		NAME		
STREET ADDRESS	331 BLAKE AVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		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>Floyd C. Fields</i>		Floyd C. Fields		3-27-07 904-264-4773	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	