2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an add

SIGNATURE:

Mar 21, 2008 8:00 am Secretary of State DOCUMENT # C10255 03-21-2008 90017 048 ****61.25 WAUSAU LODGE NO. 39 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD 220 OCEAN ST 220 OCEAN ST JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32202 LIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1974008 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lynn, Richard Edward SHEPPARD, ROY CONNOR 220 Ocean Street 220 OCEAN ST JACKSONVILLE, FL 32202 Jacksonville, Florida 32202 7.p Cのな The state of 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) Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. D TITLE ☐ Change ☐ Delete TITLE NAME ROWE DANA M NAME 1208 SPIKES RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 324092643 CITY+ST-ZIP JUNIOR WARDEN (D) ___ Change **Addition** D Delete TITLE TITLE TYRE, JESSE H Kenneth Ray Mitchell NAME NAME 2376 BONNETT POND RD STREET ADDRESS STREET ADDRESS 1368 Orange Hill Rd CHIPLEY, FL 324285233 CITY-ST-ZIP CITY-ST-ZIP Chipley_EL_32428_ ☐ Addition ☐ Channe ☐ Delete TITLE TITLE ANDREWS, FREDERICK W NAME NAME 5827 HWY 77 STREET ADDRESS STREET ADDRESS CHIPLEY, FL 324285520 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE JOHNS, GARY L NAME NAME **5325 TITUS RD** STREET ADDRESS STREET ADDRESS PANAMA CITY, FL 324049176 CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Defete TITLE JOHNS, EDDIE D NAME NAME 7105 SPARROW RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOUTHPORT, FL 32409 Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 in 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 employee for execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone f