
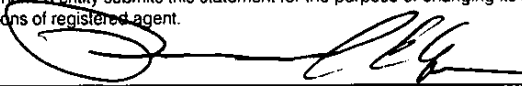
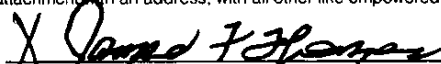


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90035 046 \*\*\*\*61.25

<b>DOCUMENT # C10257</b> 1. Entity Name <b>CALLAWAY LODGE NO. 369 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>		
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 <b>23-7526580</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent  <b>Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202</b>		
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 <b>3/10/08</b>					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTON, GUERRY <input checked="" type="checkbox"/> Delete 2507 BREEZY LN. PANAMA CITY, FL 324053975				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGSTON, RONALD LEE <input checked="" type="checkbox"/> Delete 6031 LANCE ST PANAMA CITY, FL 324048265				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WAZLAVEK, ROBERT HAROLD <input type="checkbox"/> Delete 1519 CEDAR AVE. PARKER, FL 324047302				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMMONS, JOHN JOHN <input checked="" type="checkbox"/> Delete 1037 PITTS AVE. PANAMA CITY, FL 324046557				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUTLER, ROBERT H <input type="checkbox"/> Delete 8080 S GAY AVE PANAMA CITY, FL 32404				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James Freeman Thomas 3538 C St Panama City FL 32404-2022					
SENIOR WARDEN. (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael W Pate 521 N. Fox Ave. Callaway FL 32404					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Anthony Thomas 8815 W Bayhead Ct Youngstown FL 32466-2008					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

40044640



01222008 Chg-NP CR2E037 (12/06)

FL 250.00