

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90023 029 ****61.25

DOCUMENT # C10258 1. Entity Name ORANGE LODGE NO. 36 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business 220 OCEAN ST JACKSONVILLE, FL 32202 US			Mailing Address 220 OCEAN ST JACKSONVILLE, FL 32202 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		01182008 Chg-NP CR2E037 (12/06)	
4. FEI Number 23-7160709				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202		
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:  3/28/08 DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete MICHAEL, LAFAYETTE W 1610 FRANCES DR APOPKA, FL 327037824		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edwin Foster Chittenden 25148 Ironwedge Dr Sorrento FL 32776-7124	
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PETERS, ROBERT A 1026 MAGNOLIA BLOSSOM CT APOPKA, FL 327123338		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete JENKINS, WALTER T 1165 WOODLAKE TERRACE ALTAMONTE SPRINGS, FL 32714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRICK, STEPHAN W 468 LAKE BRIDGE LN #1732 APOPKA, FL 327033403		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ✓ NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete O'NEAL, ROBERT W 1044 WINDSONG CIR APOPKA, FL 32703		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
SIGNATURE: X Robert W. O'Neal, SECRETARY 3-22-08 407.886.3330 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # ROBERT W. O'NEAL					