2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10259

1. Entity Name
BRADFORD LODGE NO. 35 FREE AND ACCPETED MASONS OF FLORIDA

40049539

Principal Place of Business	Mailing Address
C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202	C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202

01172007　　Chg-NP　　CR2E037 (12/06)

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
23-7526346
☐ Applied For　　☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____

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. ☐	**$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			TITLE		
TITLE	WMD	☒ Delete	TITLE	SENIOR WARDEN (D)	☐ Change ☒ Addition
NAME	ANDERSON, GERALD A		NAME	Ernest Wesley Beeman	
STREET ADDRESS	9800 SW 139TH WAY		STREET ADDRESS	2553 SE 144th St	
CITY-ST-ZIP	STARKE, FL 320915987		CITY-ST-ZIP	Starke FL 32091-9649	
TITLE	SWD	☒ Delete	TITLE	WORSHIPFUL MASTER (D)	☒ Change ☐ Addition
NAME	RATLIFF, THOMAS R		NAME	Thomas Ronald Ratliff	
STREET ADDRESS	20984 NW 95TH LN		STREET ADDRESS	20984 NW 95th Ln	
CITY-ST-ZIP	STARKE, FL 320915074		CITY-ST-ZIP	Starke FL 32091-5074	
TITLE	JWD	☒ Delete	TITLE	JUNIOR WARDEN (D)	☐ Change ☒ Addition
NAME	ERICKSON, THOMAS M		NAME	Robert Arthur Moody	
STREET ADDRESS	17569 NW STATE RD 16		STREET ADDRESS	RR 3 Box 1095	
CITY-ST-ZIP	STARKE, FL 320918148		CITY-ST-ZIP	Starke FL 32091-9338	
TITLE	SD	☒ Delete	TITLE	SECRETARY (D)	☐ Change ☒ Addition
NAME	MAHONEY, MORRIS D JR		NAME	John David Watterson	
STREET ADDRESS	1213 W BLANDING ST		STREET ADDRESS	8123 NW 185th St	
CITY-ST-ZIP	STARKE, FL 320912405		CITY-ST-ZIP	Starke FL 32091-5426	
TITLE	TD ✓	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WESTCOTT, WALTER E JR		NAME		
STREET ADDRESS	PO BOX 173		STREET ADDRESS		
CITY-ST-ZIP	STARKE, FL 320910173		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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. John Watterson

@352-235-1389
@904-964-2010

SIGNATURE: _____ 3/12/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #