


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90024 002 ****61.25

DOCUMENT # C10259

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



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

Mailing Address
**C/O ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE, FL 32202**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01212008 Chg-NP CR2E037 (12/06)

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

**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  DATE **3/31/08**

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, 2008**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEEMAN, ERNEST W	
STREET ADDRESS	2553 SE 144TH ST	
CITY-ST-ZIP	STARKE, FL 320919649	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATLIFF, THOMAS R	
STREET ADDRESS	20984 NW 95TH LN	
CITY-ST-ZIP	STARKE, FL 320915074	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOODY, ROBERT A	
STREET ADDRESS	RR 3 BOX 1095	
CITY-ST-ZIP	STARKE, FL 320919338	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATTERSON, JOHN D	
STREET ADDRESS	8123 NW 185TH ST	
CITY-ST-ZIP	STARKE, FL 320915426	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WESTCOTT, WALTER E JR	
STREET ADDRESS	PO BOX 173	
CITY-ST-ZIP	STARKE, FL 320910173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerald Anthony Anderson	
STREET ADDRESS	7800 SW 159th Way	
CITY-ST-ZIP	Starke FL 32091-5987	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **Thomas R RATLIFF** DATE: **3/28/08** DAYTIME PHONE #: **904-969-6060**

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