

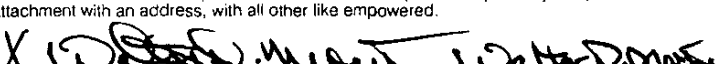


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90168 005 \*\*\*\*61.25

<b>DOCUMENT # C10261</b> 1. Entity Name <b>JACKSON LODGE NO. 1 FREE AND ACCEPTED MASON OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>		
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		4. FEI Number <b>59-6143231</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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	<b>WMD</b> <input checked="" type="checkbox"/> Delete <b>NAME</b> <b>DEKLE, JR, SIMEON EDWARD</b> <b>STREET ADDRESS</b> <b>3212 AMBRISTER PL</b> <b>CITY-ST-ZIP</b> <b>TALLAHASSEE, FL 323032522</b>	TITLE	<b>ADDITIONS/CHANGES TO OFFICERS (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>NAME</b> <b>Douglas George Knowles</b> <b>STREET ADDRESS</b> <b>6588 Montrose Trl</b> <b>CITY-ST-ZIP</b> <b>Tallahassee FL 32309-1660</b>		
TITLE	<b>SWD</b> <input checked="" type="checkbox"/> Delete <b>NAME</b> <b>BERRY, STEPHEN MERRILL</b> <b>STREET ADDRESS</b> <b>3125 SHAMROCK ST S</b> <b>CITY-ST-ZIP</b> <b>TALLAHASSEE, FL 323093324</b>	TITLE	<b>WESLEY PRINE JR</b> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>Stephen Merrill Berry</b> <b>STREET ADDRESS</b> <b>2910 Kerry Forest Pkwy</b> <b>CITY-ST-ZIP</b> <b>Tallahassee FL 32309-6828</b>		
TITLE	<b>S</b> <input type="checkbox"/> Delete <b>NAME</b> <b>MORRIS, WALTER D</b> <b>STREET ADDRESS</b> <b>701 WAVERLY RD</b> <b>CITY-ST-ZIP</b> <b>TALLAHASSEE, FL 323122853</b>	TITLE	<b>SENIOR WARDEN</b> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>Hugh Wesley Prine Jr</b> <b>STREET ADDRESS</b> <b>6676 Kingman Trl</b> <b>CITY-ST-ZIP</b> <b>Tallahassee FL 32309-1720</b>		
TITLE	<b>T</b> <input type="checkbox"/> Delete <b>NAME</b> <b>MANSFIELD, EDWARD V</b> <b>STREET ADDRESS</b> <b>674 PORT LEON DR</b> <b>CITY-ST-ZIP</b> <b>SAINT MARKS, FL 323550071</b>	TITLE	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
TITLE	<b>JWD</b> <input checked="" type="checkbox"/> Delete <b>NAME</b> <b>PRINE, JR, HUGH WESLEY</b> <b>STREET ADDRESS</b> <b>6676 KINGMAN TRL</b> <b>CITY-ST-ZIP</b> <b>TALLAHASSEE, FL 323091720</b>	TITLE	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
TITLE	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	TITLE	<b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
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>  <b>3/19/07 850-8772716</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					