
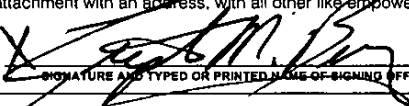


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2008 90024 026 ****61.25

DOCUMENT # C10261 1. Entity Name JACKSON LODGE NO. 1 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNER SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202				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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, DOUGLAS G			NAME	
STREET ADDRESS	6588 MONTROSE TRL			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 32309			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRY, STEPHEN MERRILL			NAME	
STREET ADDRESS	2910 KERRY FOREST PKWY			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 323093324			CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> Delete			TITLE	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, WALTER D			NAME	Jesse Brooks Taintor
STREET ADDRESS	701 WAVERLY RD			STREET ADDRESS	947 E Jefferson St
CITY-ST-ZIP	TALLAHASSEE, FL 323122853			CITY-ST-ZIP	Tallahassee FL 32301-2918
TITLE	T <input checked="" type="checkbox"/> Delete			TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANSFIELD, EDWARD V			NAME	Keiffer Warren Lindsey Jr
STREET ADDRESS	674 PORT LEON DR			STREET ADDRESS	1609 Willowbend Way
CITY-ST-ZIP	SAINT MARKS, FL 323550071			CITY-ST-ZIP	Tallahassee FL 32301-6008
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINE, JR, HUGH WESLEY			NAME	
STREET ADDRESS	6676 KINGMAN TRL			STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 323091720			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: 				03/17/2008 850-519-2884	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	