## 2008 NOT-FOR-PROFIT CORPORATION

## May 01, 2008 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # C10265** 05-01-2008 90188 034 \*\*\*\*61.25 1. Entity Name MANATEE LODGE NO. 31 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address ROY CONNOR SHEPPARD **ROY CONNOR SHEPPARD** 60035941 220 OCEAN ST 220 OCEAN ST JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 IIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292008 Chq-NP CR2E037 (12/06) City & State 4. FEI Number 59-6143316 City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR Lynn, Richard Edward 220 OCEAN ST 220 Ocean Street JACKSONVILLE, FL 32202 Jacksonville, Florida 32202 is Cash 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 Frontier in the purpose of changing its registered office or registered agent, or both, in the State of Frontier in the purpose of changing its registered office or registered agent, or both, in the State of Frontier in the purpose of changing its registered office or registered agent, or both, in the State of Frontier in the purpose of changing its registered office or registered agent, or both, in the State of Frontier in the purpose of changing its registered office or registered agent, or both, in the State of Frontier in the purpose of changing its registered office or registered agent, or both, in the State of Frontier in the State of Frontier in the Purpose of Changing its registered office or registered agent, or both, in the State of Frontier in the State o u.....d accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS WORSHIPFUL MASTER Delete (D)TITLE Change : ☐ Addition NAME EDWARD BABER, RONALD Robert Bryant Coverdale STREET ADDRESS 3504 2ND AVE, W. B211 42nd St W BRADENTON, FL 342052601 CITY-ST-7IP Bradenton\_EL\_34205=1.130 TITLE Delete ☐ Change ☐ Addition AUGUSTUS KEELER, CHARLES III NAME STREET ADDRESS 6613 FAIRWAY DR. STREET ADDRESS SARASOTA, FL 342431026 CITY-ST-ZIP CITY-ST-ZIP SENIOR WARDEN (D) TITLE Delete **Addition** ☐ Change COVERDALE, ROBERT BRYANT Albert William Thurman 3211 42ND ST W STREET ADDRESS 7904\*\*25th Ave W CITY-ST-ZIP BRADENTON, FL 342051130 Bradenton\_FL\_34205-5243\_ TITLE Delete **Addition** TREASURER COOPER, RICHARD ALAN NAME John Edward Hokanson 1216 40TH ST W STREET ADDRESS 7605 Summer House Ln CITY-ST-ZIP **BRADENTON, FL 342051656** Byadenton FL 34212-2433 TITLE SD ☐ Delete ☐ Change ☐ Addition ANDERS, WILBERT L JR. NAME NAME 2806 56TH AVE CIR E STREET ADDRESS STREET ADDRESS **BRADENTON, FL 342035371** CITY-ST-7IP JUNIORLWARDEN\_\_\_\_(.D.)\_ ☐ Delete ☐ Change X Addition TITLE NAME 3224.,1st Ave W STREET ADDRESS

**FILED** 

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE:

Bradenton FL 34205-3432

Daytime Phone #