2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2008 8:00 am Secretary of State DOCUMENT # C10266 03-13-2008 90037 017 ****61.25 LAKÉ BUTLER LODGE NO. 52 FREE AND ACCEPTED MASONS OF FLORIDA Principal Place of Business Mailing Address 40044170 C/O ROY CONNOR SHEPPARD C/O ROY CONNOR SHEPPARD 220 OCEAN ST. 220 OCEAN ST. JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 23-7526361 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Lynn, Richard Edward SHEPPARD, ROY CONNOR 220 Ocean Street (3000 Access 200) 220 OCEAN STREET JACKSONVILLE, FL 32202 Jacksonville, Florida 32202 Zp Cາ≎ 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. SIGNÁTURE 9. Election Campaign Financing *- Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE TITLE ☐ Delete NAME BARBER, THEODORE M NAME STREET ADDRESS 16768 SE 91ST ST STREET ADDRESS CITY-ST-ZIP **LAKE BUTLER, FL 320547702** CITY-ST-ZIP SENIOR WARDEN TITLE D **D**elete [] Change **Addition** CAMERON, GREG E NAME NAME Colan Lewis Coody P.O. BOX 732 STREET ADDRESS STREET ADDRESS 5389 SW County Road 239 CITY-ST-ZIP NEWBERRY, FL 322690732 CITY-ST-ZIP .a<u>k</u>e_Butler_FL_32054-5480 TITLE JW ☐ Delete TITLE ☐ Addition ITT Unange RANARD, GARY DUR NAME NAME STREET ADDRESS 14532 SW 75TH TRL STREET ADDRESS CITY-ST-ZIP LAKE BUTLER, FL 320545679 CITY+ST-7IP TITLE ☐ Delete □ Change ☐ Addition BARBER, GEORGE W JR NAME NAME 85 NE 5TH AVE STREET ADDRESS STREET ADDRESS LAKE BUTLER, FL 320541719 CITY-ST-ZIP CITY-ST-ZIP WORSHIPFUL MASTER (D) X Change TITLE Delete TITLE ☐ Addition ALVAREZ, LEAMAN EUGENE Leaman Eugene Alvarez NAME NAME 12931 NE STATE ROAD 121 STREET ADDRESS STREET ADDRESS 12931 NÉ State Road 121 CITY-ST-ZIP RAIFORD, FL 320832414 CITY-ST-ZIP Raiford_FL_32083=2414 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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.

AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED