## 2007 NOT-FOR-PROFIT CORPORATION

## Apr 04, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # C10267 04-04-2007 90168 011 \*\*\*\*61.25 1. Entity Name **BUSHNELL LODGE NO. 30 FREE AND ACCEPTED** MASONS OF FLORIDA Principal Place of Business Mailing Address 40049540 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. 01172007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2394225 Applied For City & State City & State Not Applicable Zip Country Zip 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 Name SHEPPARD, ROY CONNOR Street Address (P.O. Box Number is Not Acceptable) 220 OCEAN ST JACKSONVILLE, FL 32202 Zip Code FL 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 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 9. Election Campaign Financing \$5.00 May Be Make check payable to $\Box$ Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. WMD ☐ Change TETLE Delete Delete TITLE Addition Duane Edward Yaughan HUNTER, CARROLL E NAME NAME 1703 W County Road 476 POB 1482 STREET ADDRESS STREET ADDRESS LAKE PANASOFFKEE, FL 335381482 Buinnell FL 33513-3549 CITY-ST-ZIP CITY-ST-ZIP (D) SW Change TITLE Delete TITLE ☐ Addition VAUGHAN, TONY J Tony Jewell Vaughan NAME NAME STREET ADDRESS 1703 W CTY RD 476 STREET ADDRESS 1703 W County Road 476 BUSHNELL, FL 335133569 CITY-ST-ZIP CITY-ST-7IP Buthnell FL 33513-3569 ☐ Change ☐ Addition TITLE Delete TITLE FORBES, JAMES R NAME NAME STREET ADDRESS PO BOX 877 STREET ADORESS CITY-ST-ZIP LAKE PANASOFFKEE, FL 33538 CITY-ST-ZIP SEMENE WARTEN Delete (D) Change ☐ Addition .1\/\/ TITLE TITLE .Gene Tunney Elliott NAME ELLIOTT, GENE T 453 N CTY RD 470 STREET ADDRESS STREET ADDRESS 453 N County Road 470 LAKE PANASOFFKEE, FL 335386055 CITY-ST-ZIP CITY-ST-ZIP Lake Panazoffkee FL 33538-6 ☐ Addition ☐ Delete TITLE TITLE NAME GRAVES, HAROLD J STREET ADDRESS 892 CR 463 STREET ADDRESS LAKE PANASOFFKEE, FL 335385611 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

Harbes

CITY-ST-ZIP

SIGNATURE:

CiTY-ST-ZIP

VAMES R. Fonbes NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-793-8217

**FILED**