


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-04-2007 90168 010 ****61.25

DOCUMENT # C10269

1. Entity Name
MICANOPY LODGE NO. 29 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business
ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US

Mailing Address
ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE, FL 32202 US

40040033



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7526342

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	MERRITT, KURT F	
STREET ADDRESS	15510 SOUTH COUNTY RD 325	
CITY-ST-ZIP	HAWTHORNE, FL 326407833	
TITLE	SWD	<input checked="" type="checkbox"/> Delete
NAME	HAYS, FRED T	
STREET ADDRESS	7838 WEST HIGHWAY 318	
CITY-ST-ZIP	REDDICK, FL 326862644	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, MARVIN R	
STREET ADDRESS	7415 SW 135TH TER	
CITY-ST-ZIP	ARCHER, FL 326182947	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOODARD, RUSSELL D	
STREET ADDRESS	P O BOX 237	
CITY-ST-ZIP	MICANOPY, FL 32667	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCOLLUM, CARY G	
STREET ADDRESS	PO BOX 328	
CITY-ST-ZIP	MC INTOSH, FL 326640328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	UNITOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Otho T Davis Jr	
STREET ADDRESS	14421 NW 186th Ln	
CITY-ST-ZIP	Williston FL 32696-4626	
TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Thomas Hays	
STREET ADDRESS	7838 W Highway 318	
CITY-ST-ZIP	Reddick FL 32686-2644	
TITLE	UNITOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marvin Rodney Davis	
STREET ADDRESS	7415 SW 135th Ter	
CITY-ST-ZIP	Archer FL 32618-2947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 life empowered.

SIGNATURE: *Cary Mc Collum* Date: *3-16-07* Daytime Phone #: *904-354-2339*