
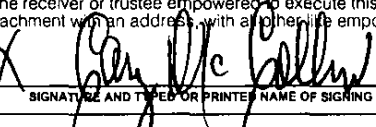
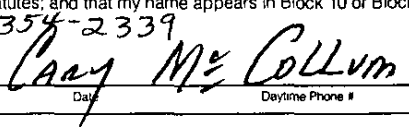


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # C10269</b> 1. Entity Name <b>MICANOPY LODGE NO. 29 FREE AND ACCEPTED MASON OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US</b>		
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	4. FEI Number <b>23-7526342</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WMD MERRITT, KURT F 15510 SOUTH COUNTY RD 325 HAWTHORNE, FL 326407833</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>JUNIOR WARDEN</b></del> (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Otho T Davis Jr 14421 NW 186th Ln Williston FL 32696-4626</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>SWD</b></del> <input checked="" type="checkbox"/> Delete <b>HAYS, FRED T 7838 WEST HIGHWAY 318 REDDICK, FL 326862644</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>WARDEN</b></del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Fred Thomas Hays 7838 W Highway 318 Reddick FL 32686-2644</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>JWD</b></del> <input checked="" type="checkbox"/> Delete <b>DAVIS, MARVIN R 7415 SW 135TH TER ARCHER, FL 326182947</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>SENIOR WARDEN</b></del> (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Morvin Rodney Davis 7415 SW 135th Ter Archer FL 32618-2947</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>TD</b></del> <input type="checkbox"/> Delete <b>WOODARD, RUSSELL D P O BOX 237 MICANOPY, FL 32667</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>SD</b></del> <input type="checkbox"/> Delete <b>MCCOLLUM, CARY G PO BOX 328 MC INTOSH, FL 326640328</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE 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.					
<b>SIGNATURE:</b>  <b>3-16-07</b>  <b>904-354-2339</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					