


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90017 045 \*\*\*\*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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country




01212008 Chg-NP CR2E037 (12/06)

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: **Lynn, Richard Edward**  
 Street: **220 Ocean Street**  
**Jacksonville, Florida 32202**

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: **3/18/08**

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, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	D OTHO, DAVIS T JR. 14421 NW 186TH LN WILLISTON, FL 326964626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYS, FRED T 7838 WEST HIGHWAY 318 REDDICK, FL 326862644	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARVIN R 7415 SW 135TH TER ARCHER, FL 326182947	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOODARD, RUSSELL D P O BOX 237 MICANOPY, FL 32667	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCOLLUM, CARY G PO BOX 328 MC INTOSH, FL 326640328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) Edson Earl Kidwell 4555 W Highway 318 Orange Lake FL 32618	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) Kurt Foster Merritt 15510 S County Road 325 Cross Creek FL 32640-7833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **3/13/08** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR