


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90238 038 ****61.25

DOCUMENT # C10271

1. Entity Name
GREENVILLE LODGE NO. 28 FREE AND ACCEPTED MASONS OF FLORIDA



Principal Place of Business
**C/O ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE, FL 32202**

Mailing Address
**C/O ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE, FL 32202**

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

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

City & State

Zip Country

40063000



01172007 Chg-NP CR2E037 (12/06)

4. FEI Number
23-7526341

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 STREET
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	WM SIRMON, JOHN W 5490 NW HONEY LAKE RD GREENVILLE, FL 323314040	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOVE, DONALD W 3848 GREEN FARM RD PERRY, FL 323479058	<input type="checkbox"/> Delete
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	SWD SHERROD, JAMES ZORN P.O. BOX 596, N/A GREENVILLE, FL 32331	<input type="checkbox"/> Delete
TITLE NAME ✓ STREET ADDRESS CITY-ST-ZIP	JWD BROWN, BOBBY J RR 2 BOX 160 GREENVILLE, FL 323319514	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANE, FOUNTAIN C JR 4280 JOHNSON STRIPLING RD PERRY, FL 32347	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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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: Donald W. Love **3-27-07** **904-354-2339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #