


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # C10271</b>	
1. Entity Name <b>GREENVILLE LODGE NO. 28 FREE AND ACCEPTED MASONS OF FLORIDA</b>	

Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>	Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent  <b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>	
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40063300



01172007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>23-7526341</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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

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  
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 NAME <input checked="" type="checkbox"/>	<b>WM SIRMON, JOHN W</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>5490 NW HONEY LAKE RD</b>	
CITY-ST-ZIP	<b>GREENVILLE, FL 323314040</b>	

TITLE NAME	<b>S LOVE, DONALD W</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>3848 GREEN FARM RD</b>	
CITY-ST-ZIP	<b>PERRY, FL 323479058</b>	

TITLE NAME <input checked="" type="checkbox"/>	<b>SWD SHERROD, JAMES ZORN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>P.O. BOX 596, N/A</b>	
CITY-ST-ZIP	<b>GREENVILLE, FL 32331</b>	

TITLE NAME <input checked="" type="checkbox"/>	<b>JWD BROWN, BOBBY J</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>RR 2 BOX 160</b>	
CITY-ST-ZIP	<b>GREENVILLE, FL 323319514</b>	

TITLE NAME	<b>T CANE, FOUNTAIN C JR</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>4280 JOHNSON STRIPLING RD</b>	
CITY-ST-ZIP	<b>PERRY, FL 32347</b>	

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

**SIGNATURE:** *Donald W. Love*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-27-07* **904-354-2339**  
Date Daytime Phone #