
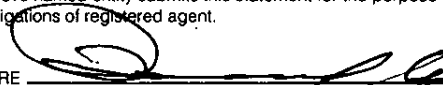



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90024 039 ****61.25

DOCUMENT # C10274					
1. Entity Name CYPRESS LODGE NO. 295 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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-7162887	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY C 220 OCEAN STREET JACKSONVILLE, FL 32202			Lynn, Richard Edward 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 3/31/08		
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 <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD HULL, PETER J 5370 12TH AVE SW NAPLES, FL 341165012	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) Bobby John Kirby 8140 N Wiley Post Way Hernando FL 34442-2111
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD KIRBY, BOBBY J 8140 N. WILEY POST WAY HERNANDO, FL 344422111	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) Anthony Robert Bennett 1803 Downing Ct Naples, FL 34112-3666
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JW BENNETT, ANTHONY R 1803 DOWNING CT NAPLES, FL 341123666	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) Jeffrey Michael Nowak 4845 20th St NE Naples FL 34120-0482
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOWEIN, LLOYD L 10021 GULF SHORE DR. NAPLES, FL 341082023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) James Benjamin Kershaw 20480 Torre Del Lago St Estero FL 33928-6315
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RANKIN, DOUGLAS L 2335 TAMiami Trl N NAPLES, FL 341034458	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) Jeffrey Michael Nowak 4845 20th St NE Naples FL 34120-0482
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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: 			3-4-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
SECRETARY			(239) 597-6007		
Daytime Phone #			Daytime Phone #		