


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2008 90016 044 ****61.25

DOCUMENT # C10277					
1. Entity Name WESCONNETT LODGE NO. 297 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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1383323	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <u>Lynn, Richard-Edward</u> Street <u>220 Ocean Street</u> City <u>Jacksonville, Florida 32202</u> State <u>FL</u> Zip Code <u>32202</u>		
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 <u>[Signature]</u> DATE <u>3/13/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE D NAME HIGHTOWER, WAYNE N STREET ADDRESS 7563 CLIFF COTTAGE DR CITY-ST-ZIP JACKSONVILLE, FL 322444460	<input type="checkbox"/> Delete				
TITLE SD NAME YEATON, BERTON G JR STREET ADDRESS 8407 MAPLE ST CITY-ST-ZIP JACKSONVILLE, FL 322441039	<input type="checkbox"/> Delete				
TITLE D NAME THOMPSON, III, CLARENCE R STREET ADDRESS 5337 ANGUS RD CITY-ST-ZIP MIDDLEBURG, FL 320683166	<input checked="" type="checkbox"/> Delete				
TITLE D NAME WILLIAMS, CARL G JR STREET ADDRESS 7867 RENAULT DR CITY-ST-ZIP JACKSONVILLE, FL 322441321	<input checked="" type="checkbox"/> Delete				
TITLE TD NAME ST JACQUES, RONALD R STREET ADDRESS 6444 WILSON BLVD CITY-ST-ZIP JACKSONVILLE, FL 322103720	<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				
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				
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: <u>Wayne N. Hightower</u>		Date <u>3/11/08</u> (904) 778-1381			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			