

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90039 042 \*\*\*\*61.25

20007659



02052007 Chg-NP CR2E037 (12/06)

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # C10286</b><br>1. Entity Name<br><b>TUPELO LODGE NO. 289 FREE AND ACCEPTED MASONS OF FLORIDA</b>  |   |   |   |  |  |
| Principal Place of Business<br><b>C/O ROY CONNOR SHEPPARD<br/>220 OCEAN ST<br/>JACKSONVILLE, FL 32202</b>  |   |   | Mailing Address<br><b>C/O ROY CONNOR SHEPPARD<br/>220 OCEAN ST<br/>JACKSONVILLE, FL 32202</b>   |  |  |
| 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<br><b>23-7203832</b>   |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |   | <b>\$8.75 Additional Fee Required</b>   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SHEPPARD, ROY CONNOR<br/>220 OCEAN STREET<br/>JACKSONVILLE, FL 32202</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |   |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE <input checked="" type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br><b>ALTON JONES, WOODROW JR</b> <input type="checkbox"/> Delete<br><b>RT 3 BOX 9038</b><br><b>WEWAHITCHKA, FL 32465</b>                 |   | TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>WORSHIPFUL MASTER (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Richard Allen Keepin</b><br><b>8625 E Bayhead Ct</b><br><b>Youngstown FL 32466-6603</b> |  |
| TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | WMD <input checked="" type="checkbox"/> Delete<br><b>STRICKLAND, LEE ROY</b><br><b>POB 861</b><br><b>WEWAHITCHKA, FL 324650861</b>          |   | TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SENIOR WARDEN (D)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Robert T Shipman</b><br><b>187 E Creekview Dr</b><br><b>Wevahitchka FL 32465-2701</b>  |  |
| TITLE <input checked="" type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD <input type="checkbox"/> Delete<br><b>LAYTON, LARRY MIXON</b><br><b>PO BOX 1 N/A</b><br><b>WEWAHITCHKA, FL 32465</b>                     |   | TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>JUNIOR WARDEN (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>More Harvey Ellison</b><br><b>22150 NW Whitewater Grade</b><br><b>Altnd FL 32421-4004</b>   |  |
| TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | JWD <input checked="" type="checkbox"/> Delete<br><b>SHIPMAN, ROBERT T</b><br><b>187 E CREEKVIEW DR</b><br><b>WEWAHITCHKA, FL 324652701</b> |   | TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   | TITLE <input type="checkbox"/> NAME<br>STREET ADDRESS<br>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. |   |   |   |  |  |
| <b>SIGNATURE:</b> <u>Larry M Layton</u> <u>Larry M Layton</u> <u>3/8/07</u> <u>850-639-2838</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |   |  |  |