2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # C10286

SIGNATURE:

1. Entity Name TUPELO LODGE NO. 289 FREE AND ACCEPTED MASONS OF FLORIDA



Apr 18, 2008 8:00 am Secretary of State

04-18-2008 90024 037 ****61.25

FILED

THE COURSE OF TECHNISH							35						
Principal Place C/O ROY CON 220 OCEAN S JACKSONVILL	INOR SHEPF St	PARD	C/O R 220 C	ailing Address t/O ROY CONNOR SHEPPARD t/O OCEAN ST ACKSONVILLE, FL 32202				 		1 8 1111 8 1811 8 1811 1	KAN AKAN ETEK CIEN		
2. Principal P	lace of Busin	3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02072008	Chg-NP	CR2E	037 (12/06)				
City & State	e	City & State					4. FEI Number Applied For 23-7203832 Not Applicable						
Zip		Zip			ıntry	5. Certificate of Status Desired			d 🗆	\$8.75 Additional Fee Required			
-	6. Name	and Address of Current	Registere	legistered Agent			7. Name and Address of New Registered Agent						
220 OCEAN STREET 220 Oc								Richard Edward Cean Street (Not Acc of the) Onville, 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. Transferred accept the obligations of registered agent.													
SIGNATURE SIgnature, hiped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Filing Fee is \$61.25 9. Election Campaign Financing Due by May 1, 2008 Trust Fund Contribution.								\$5.00 May Be Added to Fees	, F		ck payable to artment of St		
10.								ADDITIONS/CHAP	IGES TO OFF	ICERS AND E	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RT 3 BOX	ONES, WOODROW JF (9038 TCHKA, FL 32465	ŧ	Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete ELLISON, MOSE H 22150 NW WHITEWATER GRADE ALTHA, FL 32421					E ME EET ADDRESS Y-ST-ZIP			1		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8625 E B	RICHARD A AYHEAD CT STOWN, FL 324663006	ı	⊠ Delete			Mau P C	IIOR WARI Irice Joi Box 86! Jahitchk	nn Saw S			Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BOX	, LARRY MIXON 1 N/A ITCHKA, FL 32465		☐ Delete			Y 100 100	<u> </u>	a dayye gast i	T bate de 199	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	187 E CF	N, ROBERT T REEKVIEW DR ITCHKA, FL 32465270	1	☐ Delete				·			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , 			☐ Delete						,	☐ Change	☐ 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.													