
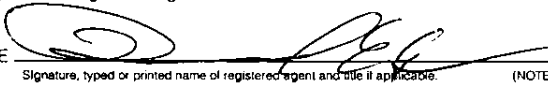
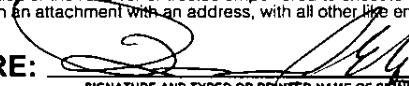


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90188 048 \*\*\*\*61.25

<b>DOCUMENT # C10288</b> 1. Entity Name NORTHSIDE LODGE NO. 283 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	04292008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-6274009				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32205			7. Name and Address of New Registered Agent  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 <u>4/30/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	WMD	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
NAME	SCITES, ROGER D		WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	6413 HEATHER LN.		James Lynwood Mann		
CITY-ST-ZIP	PINELLAS PARK, FL 337814910		2025 57th Ave N Saint Petersburg, FL 33714-2015		
TITLE	SWD	<input checked="" type="checkbox"/> Delete	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANN, JAMES L		Harry John Klaus		
STREET ADDRESS	2025 57TH AVE. N		1497 42nd Ave N Saint Petersburg, FL 33703-4		
CITY-ST-ZIP	SAINT PETERSBURG, FL 337142		Change <input type="checkbox"/> Addition		
TITLE	JW	<input checked="" type="checkbox"/> Delete	NAME		
NAME	KLAUS, HARRY J		STREET ADDRESS		
STREET ADDRESS	1497 42ND AVE. N.		CITY-ST-ZIP		
CITY-ST-ZIP	SAINT PETERSBURG, FL 337034433		TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	S	<input type="checkbox"/> Delete	Roger Dale Scites		
NAME	TYRRELL, ROY EDMUND		6413 Heather Ln Pinellas Park, FL 33781-4910		
STREET ADDRESS	11511 113TH ST.		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>		
CITY-ST-ZIP	LARGO, FL 337783000		JUNIOR WARDEN (D)		
TITLE	T	<input checked="" type="checkbox"/> Delete	Anthony Raymond Saupe		
NAME	FOWLER, MARK ALFRED SR.		300 35th Ave N #27 Saint Petersburg FL 33704-1349		
STREET ADDRESS	1235 FAIRWAY CIR. S		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
CITY-ST-ZIP	SAINT PETERSBURG, FL 337054652				
TITLE		<input type="checkbox"/> Delete			
NAME					
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 the empowered.					
SIGNATURE:  DATE <u>4/30/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					