


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90169 031 ****61.25

DOCUMENT # C10290 1. Entity Name SUGARLAND LODGE NO. 281 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 23-7526507		Applied For <input type="checkbox"/> Not Applicable			
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 CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SW	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AKRIDGE, ALVIN		NAME	Cecil Clyde Smart Jr	
STREET ADDRESS	614 SABAL AVE		STREET ADDRESS	297 W Main St	
CITY-ST-ZIP	CLEWISTON, FL 334405007		CITY-ST-ZIP	Pahokee FL 33476-2114	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLEMMONS, RICHARD L		NAME	Melvin Clarence Keen Jr	
STREET ADDRESS	135 OAK DR		STREET ADDRESS	P O Box 1241 N/A	
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP	Clewiston FL 33440-1241	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VEALE, DAVID J		NAME		
STREET ADDRESS	PO BOX 861		STREET ADDRESS		
CITY-ST-ZIP	CLEWISTON, FL 334400861		CITY-ST-ZIP		
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KEEN, MELVIN C		NAME	Teodoro H Reyes	
STREET ADDRESS	P.O. BOX 1241		STREET ADDRESS	224 Deroto Ave	
CITY-ST-ZIP	CLEWISTON, FL 334401241		CITY-ST-ZIP	Clewiston FL 33440-2407	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKINS, WAYNE L		NAME	Richard Lee Clemmons	
STREET ADDRESS	PO BOX 751		STREET ADDRESS	135 Oak Dr	
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP	Clewiston FL 33440-9418	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 like empowered.					
SIGNATURE: <i>Richard L Clemmons</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/15/07 (239) 633-0796 <small>Daytime Phone #</small>		

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