2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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03-16-2007 90039 041 ****61.25
C10293

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # C10293

1. Entity Name
OCEANWAY LODGE NO. 279 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202	ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202

02052007 Chg-NP CR2E037 (12/06)

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 59-1641891 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	WMD BARR, CHARLES M 819-A FIELDS RD JACKSONVILLE, FL 322183842 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WORSHIPFUL MASTER (D) ☒ Change ☐ Addition Nicholas Terry Kuch 11318 Vera Dr Jacksonville FL 32218-4160
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SWD KUCH, NICHOLAS T 11318 VERA DR JACKSONVILLE, FL 322184160 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SENIOR WARDEN (D) ☒ Change ☐ Addition Mavern Bryan Griffin 12448 Sapp Rd Jacksonville FL 32226-1796
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD GRIFFIN, MAVERN B 12448 SAPP RD JACKSONVILLE, FL 322261796 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUNIOR WARDEN (D) ☐ Change ☒ Addition Bryan Lindsey Smith 2106 Dunn Creek Cemtry Rd Jacksonville FL 32218-2018
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MORRIS, PHILLIP W 15426 SHANE PARKS LANE JACKSONVILLE, FL 322181462 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY (D) ☐ Change ☒ Addition Thomas Kevin Hogan 3884 Starratt Rd Jacksonville FL 32226-1351
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WISE, WILLIAM L SR. 2550 WATER BLUFF DR JACKSONVILLE, FL 32218 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER (D) ☒ Change ☐ Addition Charles Millard Barr 819-1 Fields Rd Jacksonville FL 32218-3842
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B. 4/2/07 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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.

SIGNATURE: Thomas K. Hogan Thomas K. Hogan 3/6/07 904-696-8314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #