2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # C10295



FILED Apr 04, 2007 8:00 am Secretary of State 04-04-2007 90169 032 ****61.25

	EIA LODGE NO. 290 FRE OF FLORIDA	E AND ACCEP	PTED						
ROY CONNOR SHEPPARD ROY 220 OCEAN ST. 220		220 OCEAN ST	CONNOR SHEPPARD			 	i 8:811 81 811 8:8	ii Bibil bibil bib	
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Addre	ailing Address						
Suite, Apt. #, etc.		Suite, Apt. #	Suite, Apt. #, etc.			Chg-NP	CR2E03	37 (12/06)	
City & State		City & State	ity & State			4. FEI Number Applied For 59-6565194 Not Applicable			
Zip	Country	Zíp	Co	ountry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	ogistered /	Agent	
SHEPPAR	D, ROY CONNOR								
220 OCEAN STREET JACKSONVILLE, FL 32202					dress (P.O. Box Number	er is Not Acceptable	e) 		
				City			FL	Zip Coo	ie
	named entity submits this statement ions of registered agent.	for the purpose of cha	anging its registe	ered office or re	egistered agent, or bo	th, in the State of Flo		familiar with.	, and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable.	(NOTE: Registe	ered Agent signature	required when reinstating)		DATE		
					· •				
	Filing Fee is \$61.25 Due by May 1, 2007	i i	ection Campaign ust Fund Contribu	Financing _	\$5.00 May B	, ,		k payable t	
10.	Due by May 1, 2007 OFFICERS AND C	IRECTORS	ust Fund Contribu	n Financing ution.	\$5.00 May B	, ,	rida Depar	tment of S	N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007	Tru	11 Lelete TII NA	n Financing ution.	\$5.00 May B	Flor	RS AND DI	RECTORS IN Change	N 10 Addition
TITLE NAME STREET ADDRESS	OFFICERS AND D WMD NEWCOMB, NORMAN F 3704 W HORATIO ST	IRECTORS	ust Fund Contribution 11 elete Till NA ST Cill belete Till NA ST Cill ST ST ST ST ST ST ST ST ST	n Financing ution. 1. TLE AME FREET ADDRESS	\$5.00 May B Added to Fees ADDITIONS/CH	ANDERD ark Hyman	RS AND DI (D T t 717	tment of S	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND D WMD NEWCOMB, NORMAN F 3704 W HORATIO ST TAMPA, FL 336093918 SWD LOWE, CHESTER C 1515 LOWES LANDING RD	OIRECTORS	usi Fund Contribu	n Financing ution. 1. TLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME IREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS	\$5.00 May E Added to Fees ADDITIONS/CH	AHUEP ark Hyman oratio S 33409-3 ank Kerfo Tampa Bo	(D) 917 (D) oot	TRECTORS IF Change	N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2007 OFFICERS AND D WMD NEWCOMB, NORMAN F 3704 W HORATIO ST TAMPA, FL 336093918 SWD LOWE, CHESTER C 1515 LOWES LANDING RD SEFFNER, FL 335843611 JWD LUPIEN, RONALD F II 2207 SEAMAN RD	True DIRECTORS	Jast Fund Contribution In the second of the	TILE AME ITEET ADDRESS ITY-ST-ZIP ITLE AME ITREET ADDRESS ITY-ST-ZIP ITLE AME ITY-ST-ZIP ITLE AME ITY-ST-ZIP	\$5.00 May B Added to Fees ADDITIONS/CH AND BUILDING BUIL	ANGESTO OFFICE ANGESTO OFFICE ANGESTO OFFICE ORALL	(D) 917 (O) oot ay Dr	tment of S RECTORS II Change Change Change	N 10 Addition Addition Addition
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12. I hereby certify that the information supplied with this filling 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.