2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State
03-23-2007 90015 045 ****61.25

DOCUMENT # C10302

1. Entity Name
COMMUNITY LODGE NO. 292 FREE AND ACCEPTED MASONS OF FLORIDA

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

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 23-7162137 ☐ 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 STREET 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	SW CREWS, KEITH A 5105 N LINCOLN AVE TAMPA, FL 336146640	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SENIOR WARDEN~~ (D) Stuart Jay Graff 4708 Steel Dust Ln Lutz FL 33559-6288	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WM HERMAN, ROBERT L SR 4503 E. 12TH AVE. TAMPA, FL 336054670	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~WORSHIPFUL MASTER~~ (D) Steven Curtis Whidden 22812 Killington Blvd Land O Lakes FL 34639-6702	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ARNOLD GLISSON, HAROLD 1403 W BURGER STREET TAMPA, FL 336041109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TREASURER~~ (D) James Bryant Vanderl Sr 3305 W Ballast Point Blvd Tampa FL 33611-3905	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JW GRAFF, STUART J 4708 STEEL DUST LN LUTZ, FL 335596288	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~JUNIOR WARDEN~~ (D) Robert Larry Herman Sr 4503 E 12th Ave Tampa FL 33605-4670	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WHITMER, STEVEN GLEN 816 W LOWRY LN TAMPA, FL 336044712	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SECRETARY~~ (D) Matthew Kempton Jones 15210 Amberly Dr #1611 Tampa FL 33647-2193	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: X _____ Matthew K Jones Sec. 3/14/2007 904-354-2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #