

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90024 038 ****61.25

DOCUMENT # C10302					
1. Entity Name COMMUNITY LODGE NO. 292 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 23-7162137	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202			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>4/7/08</u>		
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, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete WHIDDEN, STEVEN C 22812 KILLINGTON BLVD LAND O LAKES, FL 346396702				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HERMAN, ROBERT L SR 4503 E. 12TH AVE. TAMPA, FL 336054670				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete VANDERS, SR., JAMES B 3305 W. BALLAST POINT BLVD TAMPA, FL 336113905				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GRAFF, STUART J 4708 STEEL DUST LN LUTZ, FL 335596288				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JONES, MATTHEW K 15210 AMBERLY DR #1611 TAMPA, FL 336472193				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Keith Allen Crews 5106 N St Vincent St Tampa FL 33614-6674				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Raymond Frank Padgett 2503 Viny Ct Tampa FL 33618-1525				
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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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <u>3/19/08</u> Daytime Phone # <u>813 269-7697</u>					