2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State
04-06-2007 90036 047 ****61.25

DOCUMENT # C10304

1. Entity Name
CANAVERAL LODGE NO. 339 FREE AND ACCEPTED MASONS OF FLORIDA

400520A6

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

02092007 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 23-7181516 ☐ 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 200 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	SD JACOBS, WALLACE B 850 MONTEGO BAY DR MERRITT ISLAND, FL 329533261	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WMD LAUBENHEIMER, BRUCE WALTER SR 136 SAINT CROIX AVE COCOA BEACH, FL 329313335	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~JUNIOR WARDEN~~ (D) Daniel Mark Maltby 1030 S Atlantic Ave Cocoa Beach FL 32931-2419	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HALLENBORH, JOHN C 127 CHIPOLA RD COCOA BEACH, FL 329312603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SW FOWLER, RODGER S 825 SOUTH BANANA RIVER DRIVE MERRITT ISLAND, FL 32952271	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SENIOR WARDEN~~ (D) Rodger Sidney Fowler 825 S Banana River Dr Merritt Island FL 32952-2714	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD JENSON, VERNON L 660 SOUTH BREVARD AVENUE SUITE 1512 COCOA BEACH, FL 329314458	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SENIOR WARDEN~~ (D) Vernon LeRoy Jenson 660 S Brevard Ave #1512 Cocoa Beach FL 32931-4458	☒ 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: Wallace B Jacobs Wallace B Jacobs 3/28/2007 321-452-3708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #