


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90205 002 ****61.25

DOCUMENT # C10306					
1. Entity Name COMPOSITE LODGE NO. 293 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 23-7107162	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	WM	<input checked="" type="checkbox"/> Delete	TITLE	WORTHINGTON MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMSON, LAWRENCE A		NAME	Timothy Lance Parnell	
STREET ADDRESS	7421 COLONIAL CT		STREET ADDRESS	5874 Cheshire Cove Ter	
CITY-ST-ZIP	SANFORD, FL 327719744		CITY-ST-ZIP	Orlando, FL 32829-8834	
TITLE	SW	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PARNELL, TIMOTHY L		NAME	Michael Scott McDaniel	
STREET ADDRESS	5956 MILFORD HAVEN PL		STREET ADDRESS	3149 S Bumby Ave	
CITY-ST-ZIP	ORLANDO, FL 328298819		CITY-ST-ZIP	Orlando FL 32806-5680	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALLEN, STEVEN L		NAME	Rex Clark Cain	
STREET ADDRESS	126 N BRADLEY AVE		STREET ADDRESS	3812 Virginia Dr	
CITY-ST-ZIP	INDIANAPOLIS, IN 462013224		CITY-ST-ZIP	Orlando FL 32803-3051	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALIDO, RALPH M SR		NAME	Lawrence Alan Williamson	
STREET ADDRESS	6328 MACKENZIE ST		STREET ADDRESS	7421 Colonial Ct	
CITY-ST-ZIP	ORLANDO, FL 328074838		CITY-ST-ZIP	Sanford FL 32771-9744	
TITLE	JW	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALLEN, JAMES P		NAME	Thomas Walter Davis	
STREET ADDRESS	8008 PLUNKETT AVE		STREET ADDRESS	2100 Laurenbeth Ave	
CITY-ST-ZIP	ORLANDO, FL 328103053		CITY-ST-ZIP	Orlando FL 34761-3226	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 in 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: <i>[Signature]</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Rex C. Cain		
			Date: 4/2/07 Daytime Phone: 829		

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