

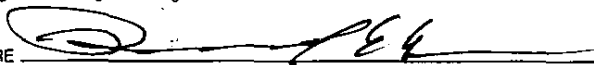


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 8:00 am**  
**Secretary of State**

03-21-2008 90016 008 \*\*\*\*61.25

|  |                         |   |   |   |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
|--|-------------------------|---|---|---|--|-------|---|--|------|----------------------|--|----------------|-----------------|--|-------------|-------------------------|--|-------|---|--|------|------------------|--|----------------|-------------------|--|-------------|-------------------------|--|
| <b>DOCUMENT # C10310</b><br>1. Entity Name<br><b>FLORIDA KEYS LODGE NO. 336 FREE AND ACCEPTED MASONS OF FLORIDA</b>  |                         |   |   |    |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
| Principal Place of Business<br><b>ROY CONNOR SHEPPARD</b><br><b>220 OCEAN ST</b><br><b>JACKSONVILLE, FL 32202 US</b>   |                         |   | Mailing Address<br><b>ROY CONNOR SHEPPARD</b><br><b>220 OCEAN ST</b><br><b>JACKSONVILLE, FL 32202 US</b>            |   |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |                         | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   | <b>40049469</b><br><br>                                       |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
| City & State   |                         | City & State                                  |   | 4. FEI Number<br><b>59-0369358</b>  |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
| Zip  |                         | Country                                       |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SHEPPARD, RPY CONNOR</b><br><b>220 OCEAN STREET</b><br><b>JACKSONVILLE, FL 32202</b>   |                         |   |   | 7. Name and Address of New Registered Agent<br><br><b>Lynn, Richard Edward</b><br><b>220 Ocean Street</b><br><b>Jacksonville, Florida 32202</b> |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
| 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   |                         |   |   | 3/18/08<br>DATE   |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |                         |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PEIXOTO, JOSE F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 289</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY LARGO, FL 33037</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WHITNEY, DAVID C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>130 HARBORVIEW DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAVERNIER, FL 330702609</td> <td></td> </tr> </table> </div> </div> |                         |   |   |   |  | TITLE | D | <input type="checkbox"/> Delete            | NAME | PEIXOTO, JOSE F      |  | STREET ADDRESS | P.O. BOX 289    |  | CITY-ST-ZIP | KEY LARGO, FL 33037     |  | TITLE | D | <input checked="" type="checkbox"/> Delete | NAME | WHITNEY, DAVID C |  | STREET ADDRESS | 130 HARBORVIEW DR |  | CITY-ST-ZIP | TAVERNIER, FL 330702609 |  |
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| NAME   | PEIXOTO, JOSE F         |   |   |   |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
| STREET ADDRESS   | P.O. BOX 289            |   |   |   |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
| CITY-ST-ZIP  | KEY LARGO, FL 33037     |   |   |   |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
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| STREET ADDRESS   | 130 HARBORVIEW DR       |   |   |   |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
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| CITY-ST-ZIP  | KEY LARGO, FL 330370725 |   |   |   |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
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| CITY-ST-ZIP  | KEY LARGO, FL 330370725 |   |   |   |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
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| STREET ADDRESS   | P.O. BOX 725            |   |   |   |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
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| STREET ADDRESS   | 334 MAHOGANY DR         |   |   |   |  |       |   |  |      |                      |  |                |                 |  |             |                         |  |       |   |  |      |                  |  |                |                   |  |             |                         |  |
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