2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # C10311

1. Entity Name HIBISCUS LODGE NO. 275 FREE AND ACCEPTED MASONS OF FLORIDA



					O WE T								
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202				 		IES NIZI HESI	1101 0101 1	11111 6121	L RIGH GIGKI I	E1891B1 B1 18 3 1
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02052007	Chg	_I -NP	C	R2E03	7 (12/06)
City & State			City & State				4. FEI Numb 23-717						Applied For Not Applicable
Zip	Zip Country		Zip	Zip Cou		5. Certificate of State			atus Desired				
	6. Name	and Address of Current I	Registered Agent				7. Name and	d Addre	ss of New	Regis	tered A	gent	
					Name								
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202				Street Ac			P.O. Box Numb	per is No	t Accepta	bie)			
JACKSON	VILLE, FL	_ 32202											
					City						FL	Zip Co	ode
	named entit ions of regis		the purpose of changing its	registere	ed office or re	registere	ed agent, or bo	oth, in th	e State of	Florida.	. I am f	amiliar wit	h, and accept
		;											
SIGNATURE .													
	Signature, typed	d or printed name of registered agent a	and title if applicable. (NOT	:: Hegisterei	d Agent signature	e required i	when reinstating)				DATE		
Filing Fee is \$61.25 Due by May 1, 2007													
	_		9. Election Car Trust Fund (· · -	3	\$5.00 May Added to Fee:	Be s	FI	orida i	Depart	payable ment of	
10.	_	May 1, 2007	Trust Fund (Contributi	· · -		Added to Fee:	s .		orida i	Depart	ment of	State
10.	_		Trust Fund (200 tributi	ion.	A	\$5.00 May Added to Feet DDITIONS/CH	s HANGES		orida i	Depart	ment of	State IN 10
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12. I hereby certify that the information supplied with this filling 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 flustee 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. Carlos Cespedes

SIGNATURE:

4-10-07-305-272-3392

FILED

May 01, 2007 8:00 am Secretary of State

05-01-2007 90050 045 ****61.25