

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90035 027 ****61.25

DOCUMENT # C10312

1. Entity Name
**CRAWFORD LODGE NO. 294 FREE AND ACCEPTED
MASONS OF FLOIRDA**



40044648



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**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

02072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3056306

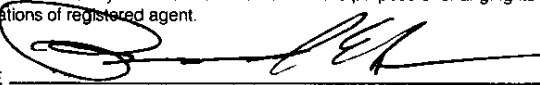
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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 **3/10/08**

(NOTE: Registered Agent signature required when reinstating)

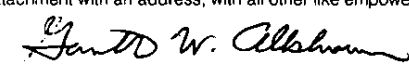
Filing Fee is **\$61.25**
Due by **May 1, 2008**

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 | D MILHAN, THOMAS L 37 BRIDLE GATE DR CRAWFORDVILLE, FL 323272276 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COPPOLA, ROLAND F 19 OTTER LAKE RD PANACEA, FL 323462058 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jacob William Meister 23 Maple Dr Crawfordville FL 32327-1053 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEISTER, JOHN R 141 ELIZABETH ST CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD GLOVER, LAWRENCE T P.O. BOX 1357 N/A CRAWFORDVILLE, FL 32326 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALLSHOUSE, GARRETT WAYNE 76 EDGEWOOD DR CRAWFORDVILLE, FL 323272575 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **02-29-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR