
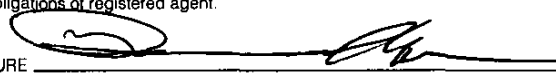
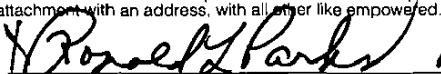


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2008 90017 043 \*\*\*\*61.25

<b>DOCUMENT # C10318</b> 1. Entity Name <b>NAVAL LODGE NO. 24 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>C/O ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-0373687</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			7. Name and Address of New Registered Agent		
<b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>			<b>Lynn, Richard Edward 220 Ocean Street 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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>3/13/08</b>	
<b>Filing Fee is \$61.25 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>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SWD FOSSA, MATTHEW A 4311 BAYOU BLVD PENSACOLA, FL 32503</b>	Delete <input checked="" type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WORSHIPFUL MASTER (D) Matthew Arthur Fossa 4311 Bayou Blvd Pensacola FL 32503-2665</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>WMD BOYETTE, HARRY H 13831 CAN DR PENSACOLA, FL 325078882</b>		Delete <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>TD MORGAN, RICHARD E 3609 SUNNYSIDW DT PENSACOLA, FL 325072751</b>		Delete <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>S PARKS, RONALD L 624 WAYNE AVE PENSACOLA, FL 325073056</b>		Delete <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>JWD TOMEY, TROY L 10755 CROSSCUT DR PENSACOLA, FL 325069765</b>		Delete <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>SENIOR WARDEN (D) Troy Lee Tomey 10755 Crosscut Dr Pensacola FL 32506-9765</b>		Delete <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>JUNIOR WARDEN (D) Dudley Sylvester Minton 1731 Donegal Dr Pensacola FL 32532-6997</b>		Delete <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></b>		<b>Change <input type="checkbox"/> Addition <input type="checkbox"/></b>	
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.					
<b>SIGNATURE:  RONALD L PARKS 3/9/2008 888-453-8276</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					