


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90147 033 ****61.25

DOCUMENT # C10319 1. Entity Name ENSLEY LODGE NO. 278 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202		
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		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
4. FEI Number 23-7526504			Applied For Not Applicable		
02052007 Chg-NP			CR2E037 (12/06)		
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHEPPARD, ROY CONNOR 220 OCEAN ST JACKSONVILLE, FL 32202			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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>					
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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARRELL, DANIEL T		NAME	Al Emmert Glass	
STREET ADDRESS	4221 OBREGON DR		STREET ADDRESS	1320 Bayou Blvd	
CITY-ST-ZIP	PENSACOLA, FL 325047755		CITY-ST-ZIP	Pensacola FL 32503-6252	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DONALD L		NAME	Daniel Timothy Harrell	
STREET ADDRESS	2101 POMPANO RD		STREET ADDRESS	4221 Obregon Dr	
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP	Pensacola FL 32504-7755	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, RONALD C		NAME		
STREET ADDRESS	1610 BRAMPTON WAY		STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT, FL 32533		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	KRITZMIRE, Edward A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRITZMIRE, EDWARD A		NAME	3348 Melvin Drive	
STREET ADDRESS	3348 MELVIN DR		STREET ADDRESS	Milton, FL 32571-8700	
CITY-ST-ZIP	MILTON, FL 325718700		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAMBE, DONALD S		NAME	Johnnie Steve Nick	
STREET ADDRESS	1671 W 9 1/2 MILE RD		STREET ADDRESS	10393 Vintage Dr	
CITY-ST-ZIP	CANTONMENT, FL 325337704		CITY-ST-ZIP	Pensacola FL 32514-7493	
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 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: Edward A. Kritzmire <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/19/07 (850) 994-9743 <small>Date Daytime Phone #</small>		