

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90169 044 ****61.25

DOCUMENT # C10327 1. Entity Name MERRITT ISLAND LODGE NO. 353 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business 220 OCEAN STREET JACKSONVILLE, FL 32221			Mailing Address C/O ROY CONNOR SHEPPARD 220 N. OCEAN STREET JACKSONVILLE, FL 32221		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip 32202	Country	Zip 32202	Country	4. FEI Number 23-7526566	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET NORTH JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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) DATE</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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME <input checked="" type="checkbox"/> STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SHAFER, BARRY R 1625 PLUTO STREET MERRITT ISLAND, FL 329533131		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	Treasurer Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ASHMAN, RAYMOND 3416 ROCKY GAP PLACE COCOA, FL 32926	
TITLE NAME <input checked="" type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Delete CLASHMAN, RAYMOND 3416 ROCKY GAP PL COCOA, FL 32926		TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input checked="" type="checkbox"/> Addition Steven Bennett Walden 90 Bel Aire Dr S Merritt Island FL 32952-3609	
TITLE NAME <input checked="" type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	SWD <input checked="" type="checkbox"/> Delete MILLHOUSE, JOHN P 2905 SHEPPERD DRIVE ROCKLEDGE, FL 32955		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Eugene Edward Crawford 621 Heatherstone Dr Merritt Island FL 32953-434	
TITLE NAME <input checked="" type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	WMD <input checked="" type="checkbox"/> Delete MILLHOUSE, JOHN F 290 SHEPPERD DR ROCKLEDGE, FL 32955		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	WARDEN (D) <input checked="" type="checkbox"/> Addition James Arland Strickland Jr P O Box 541936 N/A Merritt Island FL 32954-1936	
TITLE NAME <input checked="" type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	JWD <input checked="" type="checkbox"/> Delete CRANFORD, EUGENE E 621 HEATHER STONE DR MERRITT ISLAND, FL 32953		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	WARDEN (D) <input checked="" type="checkbox"/> Addition James Arland Strickland Jr P O Box 541936 N/A Merritt Island FL 32954-1936	
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: X <i>Barry Shaffer</i> 3/8/7 32-452-9730 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					