2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

[redacted] 03-16-2007 90039 050 *****61.25

C10335

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02092007 Chg-NP CR2E037 (12/06)

DOCUMENT # C10335

1. Entity Name
CARY B. FISH LODGE NO. 346 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business	Mailing Address
C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US	C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US

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

4. FEI Number 23-7136822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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	WM MARINELLI, GENE C 2610 WOODGATE LN SARASOTA, FL 342316455	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WORSHIPFUL MASTER (D) Robert D Wise 3337 Springmill Cir Sarasota FL 34239-6719	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SW SUTOWSKI, ANTHONY J 1024 N LOCKWOOD RIDGE RD SARASOTA, FL 342378831	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JUNIOR WARDEN (D) Joseph H Bollten 4368 Bent Tree Blvd Sarasota FL 34241-6060	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JW WOLF, JON G 4541 LK VISTA DR SARASOTA, FL 342335019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SENIOR WARDEN (D) Jon Gilbert Wolf 4541 Lake Vista Dr Sarasota FL 34233-5019	☒ Change ☐ Addition
TITLE ✓ / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAND, JOHN H III 2419 TEMPLE ST SARASOTA, FL 34239	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME ✓ / STREET ADDRESS / CITY-ST-ZIP	T MORTON, PAUL T 3917 TROPICAIRE BLVD NORTH PORT, FL 342867120	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 4/2/07	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X Robert D. Wise Robert D. Wise 3/5/07 941-953-6088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #