
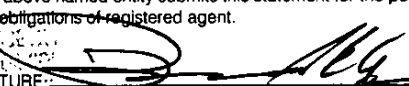
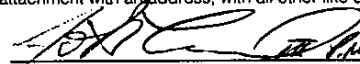


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90024 017 ****61.25

DOCUMENT # C10335					
1. Entity Name CARY B. FISH LODGE NO. 346 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202 US			Mailing Address 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	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <u>Lynn, Richard Edward</u> Street <u>220 Ocean Street</u> City <u>Jacksonville, Florida</u> <u>32202</u>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <u>3/21/08</u> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	WMD WISE, ROBERT D 3337 SPRINGMILL CIR SARASOTA, FL 342396719	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
SENIOR WARDEN (D) Jon Gilbert Wolf 4541 Lake Vista Dr Sarasota FL 34233-5019		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
JUNIOR WARDEN (D) Joseph H Bollten 4368 Bent Tree Blvd Sarasota FL 34241-6060		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TROOP MASTER (D) Reynaldo Lozada 3730 75th Ter E Sarasota FL 34243		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TREASURER (D) Robert D Wise 3337 Springmill Cir Sarasota FL 34239-6719		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
SECRETARY (D) John H Land III 2419 Temple St Sarasota FL 34239		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
COMPTROLLER (D) Paul T Morton 3917 Tropicaire Blvd North Port, FL 342867120		<input checked="" type="checkbox"/> Delete			
ADJUTANT GENERAL (D) Paul T Morton 3917 Tropicaire Blvd North Port, FL 342867120		<input type="checkbox"/> Delete			
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:  <u>JOHN H. LAND III SECRETARY 3-3-08 941 953-6098</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					