

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

03-23-2007 90016 020 ****61.25

DOCUMENT # C10336 1. Entity Name RIBAUT LODGE NO. 272 FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US			Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-6144000	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHEPPARD, ROY CONNOR 220 OCEAN STREET 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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					
TITLE	JW STENGLE, GARY R 14051 PINE ISLAND DR JACKSONVILLE, FL 32224	☒ Delete	TITLE	ROGER RAY BODKIN 3972 Petite Dr W Jacksonville Beach FL 32250-2206	☐ Change ☒ Addition
NAME	STENGLE, GARY R		NAME	ROGER RAY BODKIN	
STREET ADDRESS	14051 PINE ISLAND DR		STREET ADDRESS	3972 Petite Dr W	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Jacksonville Beach FL 32250-2206	
TITLE	D	☒ Delete	TITLE	GARY RICHARD STENGL	☒ Change ☐ Addition
NAME	DEGROOT, EDWARD B III		NAME	14051 Pine Island Dr	
STREET ADDRESS	1263 WILLOW OAKS DR E		STREET ADDRESS	JACKSONVILLE FL 32224-3110	
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BURTON, JAMES L		NAME		
STREET ADDRESS	39 SANDRA DR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250		CITY-ST-ZIP		
TITLE	T3	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PARKER, RAYMOND L		NAME		
STREET ADDRESS	660 MAIN ST		STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FETTEROLF, HAROLD T JR		NAME		
STREET ADDRESS	1630 TOWNSEND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32211		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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: <i>[Signature]</i> HAROLD T. FETTEROLF JR 13 MAR 2007 904-655-2895 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					