
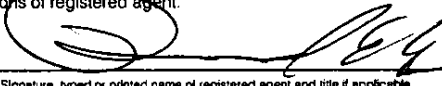



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90036 026 \*\*\*\*65.21

<b>DOCUMENT # C10338</b>					
1. Entity Name <b>DAYTONA BEACH LODGE NO. 270 FREE AND ACCEPTED MASONS OF FLORIDA</b>					
Principal Place of Business <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>			Mailing Address <b>ROY CONNOR SHEPPARD 220 OCEAN ST. JACKSONVILLE, FL 32202 US</b>		
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 <b>59-1519113</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent <b>Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202</b>	
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  DATE <b>3/10/08</b>					
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					
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	SWD IRWIN, TERRY L 1398 DEXTER DR N PORT ORANGE, FL 321297465 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Terry Lee Irwin 1398 Dexter Dr N Port Orange, FL 32129-7465	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD TOUNG, BRIAN R 758 PELICAN BAY DR DAYTONA BEACH, FL 321198326 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Brian Roy Toug 758 Pelican Bay Dr Daytona Beach, FL 32119-8326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD WARRINGTON, WILLIAM G JR 947 N FERNCREEK AVE ORLANDO, FL 328033362 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ralph Nelson Flippo 5764 Dogwood Rd Daytona Beach, FL 32127-4702	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, EMORY T 325 WILDER BLVD., #403A DAYTONA BEACH, FL 321146065 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOLUB, GENE REID 17 PATHWAY CT DAYTONA BEACH, FL 321191662 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS 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:  DATE <b>3/4/08</b> DAYTIME PHONE # <b>386-258-7916</b>					