2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # C10341

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| SHAMRO MASONS | CK LODGE NO. 268 FREE OF FLORIDA | AND ACCEPTED |) | | | | | | | |
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| 220 OCEAN S | INOR SHEPPARD | Mailing Address C/O ROY CONNOR 220 OCEAN ST. JACKSONVILLE, FL | | | | | oe <i>too</i> | | | 61 3 OJ 1861 |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | | | | | | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 02052007 | Chg-NP | CR2E0 | 37 (12/06) | |
| City & Stat | е | City & State | | | | 4. FEI Numbe 23-7523 | 8498 | | | pplied For lot Applicable |
| Zip | Country | Zip | Cou | untry | | 5. Certificate | of Status Desire | ed 🔲 | \$8.75 Ad Fee Require | |
| | 6. Name and Address of Current | Registered Agent | | | | 7. Name and | Address of Ne | w Registered | Agent | |
| SHEDDAR | D, ROY CONNOR | | | Name | | | | | | |
| 220 OCEA | N STREET VILLE, FL 32202 | | | Street Addr | lress (P. | .O. Box Numbe | r is Not Accept | table) | | |
| | | | | City | | · · · · · · · · · · · · · · · · · · · | | Fi | Zip Co | de |
| | named entity submits this statement for tions of registered agent. | or the purpose of changir | g its register | red office or re | egistere | d agent, or both | h, in the State o | of Florida. I an | familiar with | , and accept |
| CICALATURE | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title it applicable. | (NOTE: Registere | ed Agent signature r | w beniuper | when reinstating) | | DATE | | |
| SIGNATURE | Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007 | 9. Election | (NOTE: Registere Campaign F Ind Contribut | Financing _ |] ; | \$5.00 May Be Added to Fees | | Make chec Florida Depa | | State |
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I hereby certify that the information supplied with this filling 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 trusted 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.

A Dennis Gates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 904-354-2339