

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90028 018 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                     |                                                                                                                     |                                                                                                                                        |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # F06000000772</b><br>1. Entity Name<br><b>THE MASONIC HOMES OF KENTUCKY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                     |                                                                                                                     |                                                       |                                                                   |
| Principal Place of Business<br><b>3761 JOHNSON HALL DRIVE<br/>MASONIC HOME, KY 40041-9002</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                     | Mailing Address<br><b>3761 JOHNSON HALL DRIVE<br/>MASONIC HOME, KY 40041-9002</b>                                   |                                                                                                                                        |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    | 3. Mailing Address  |                                                                                                                     |                                                                                                                                        |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | Suite, Apt. #, etc. |                                                                                                                     |                                                                                                                                        |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    | City & State        |                                                                                                                     | 4. FEI Number<br><b>61-0458374</b>                                                                                                     |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    | Country             |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                        |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                     |                                                                                                                     | 7. Name and Address of New Registered Agent                                                                                            |                                                                   |
| <b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                     |                                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code       </div> |                                                                   |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                     |                                                                                                                     |                                                                                                                                        |                                                                   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                        | <b>Make check payable to<br/>Florida Department of State</b>      |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                     |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                  |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | C <input type="checkbox"/> Delete  |                     |                                                                                                                     | TITLE                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CONWAY, JOSEPH R                   |                     |                                                                                                                     | NAME                                                                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 6839 GREEN MEADOWS CIRCLE          |                     |                                                                                                                     | STREET ADDRESS                                                                                                                         |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LOUISVILLE, KY 40207               |                     |                                                                                                                     | CITY-ST-ZIP                                                                                                                            |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | VC <input type="checkbox"/> Delete |                     |                                                                                                                     | TITLE                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DEAN, FORREST V                    |                     |                                                                                                                     | NAME                                                                                                                                   | See                                                               |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 778 REBECCA ROAD                   |                     |                                                                                                                     | STREET ADDRESS                                                                                                                         | enclosed                                                          |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LEXINGTON, KY 40502                |                     |                                                                                                                     | CITY-ST-ZIP                                                                                                                            | list of                                                           |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete  |                     |                                                                                                                     | TITLE                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BELL, RONNIE G                     |                     |                                                                                                                     | NAME                                                                                                                                   | Directors/officers                                                |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4108 HWY 477                       |                     |                                                                                                                     | STREET ADDRESS                                                                                                                         |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | WEBSTER, KY 40176                  |                     |                                                                                                                     | CITY-ST-ZIP                                                                                                                            |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete  |                     |                                                                                                                     | TITLE                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | BARNETT, ROGER D                   |                     |                                                                                                                     | NAME                                                                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 9410 STONELANDING PLACE            |                     |                                                                                                                     | STREET ADDRESS                                                                                                                         |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LOUISVILLE, KY 40272               |                     |                                                                                                                     | CITY-ST-ZIP                                                                                                                            |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete  |                     |                                                                                                                     | TITLE                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CRADY, EDWARD E                    |                     |                                                                                                                     | NAME                                                                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1306 ROBERTSON DR                  |                     |                                                                                                                     | STREET ADDRESS                                                                                                                         |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CRESTWOOD, KY 40014                |                     |                                                                                                                     | CITY-ST-ZIP                                                                                                                            |                                                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | D <input type="checkbox"/> Delete  |                     |                                                                                                                     | TITLE                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DAVENPORT, ROBERT                  |                     |                                                                                                                     | NAME                                                                                                                                   |                                                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 631 PORTLAND DR.                   |                     |                                                                                                                     | STREET ADDRESS                                                                                                                         |                                                                   |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | LEXINGTON, KY 40503                |                     |                                                                                                                     | 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. |                                    |                     |                                                                                                                     |                                                                                                                                        |                                                                   |
| <b>SIGNATURE:</b> <i>Joseph R. Conway</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                     |                                                                                                                     | Date <b>3/18/08</b> Daytime Phone # <b>502 893-0192</b>                                                                                |                                                                   |

40052433



03182008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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<br>C <input type="checkbox"/> Delete<br>NAME<br>CONWAY, JOSEPH R<br>STREET ADDRESS<br>6839 GREEN MEADOWS CIRCLE<br>CITY-ST-ZIP<br>LOUISVILLE, KY 40207 | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       |
| TITLE<br>VC <input type="checkbox"/> Delete<br>NAME<br>DEAN, FORREST V<br>STREET ADDRESS<br>778 REBECCA ROAD<br>CITY-ST-ZIP<br>LEXINGTON, KY 40502           | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>See                |
| TITLE<br>D <input type="checkbox"/> Delete<br>NAME<br>BELL, RONNIE G<br>STREET ADDRESS<br>4108 HWY 477<br>CITY-ST-ZIP<br>WEBSTER, KY 40176                   | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>enclosed           |
| TITLE<br>D <input type="checkbox"/> Delete<br>NAME<br>BARNETT, ROGER D<br>STREET ADDRESS<br>9410 STONELANDING PLACE<br>CITY-ST-ZIP<br>LOUISVILLE, KY 40272   | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>list of            |
| TITLE<br>D <input type="checkbox"/> Delete<br>NAME<br>CRADY, EDWARD E<br>STREET ADDRESS<br>1306 ROBERTSON DR<br>CITY-ST-ZIP<br>CRESTWOOD, KY 40014           | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>Directors/officers |
| TITLE<br>D <input type="checkbox"/> Delete<br>NAME<br>DAVENPORT, ROBERT<br>STREET ADDRESS<br>631 PORTLAND DR.<br>CITY-ST-ZIP<br>LEXINGTON, KY 40503          | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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: *Joseph R. Conway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/18/08** Daytime Phone # **502 893-0192**

# ATTACHMENT

40052459  
#F0600000772

Surplus Property: Dennis Rutledge, Chair; Edward E. Crady, L. Todd Easham

## Property Board

**Officers:** T. Dwaine Riddell, President; Ronnie G. Bell, Vice President/Secretary; Virgil T. Larimore, Jr., Treasurer  
**Committee:** F. Keith Dreier, Richard T. Nation, Dennis Rutledge

**INVESTIGATORS:** Stanley Bain (502.426.4386), William Eversole (502.241.1264), Steve Wright (502.223.0201)  
**Of Counsel:** William A. Buckaway, Jr. (820) (Betty)  
401 W. Main St., Suite 1400 Home: 502.459.3642  
Louisville, KY 40202 Office: 502.584.1000  
wbuckaway@tiffordlaw.com

## BOARD OF DIRECTORS

**ARMSTRONG, Harold E.** (212) (Lynda) Home: 270.769.6333  
1228 Kelly Drive Office: 502.543.1023  
Elizabethown, KY 42701 Cell: 270.723.0377  
Term Expires 2008 heapgmty@peoplepc.com  
**BARNETT, Roger D.** (341) (Alice) Home: 502.935.5102  
9410 Stonelonding Place Office: 502.560.0105  
Louisville, KY 40272 Cell: 502.599.1713  
Term Expires 2008 fishbarnett@insightbb.com  
**BELL, Ronnie G.** (228) (Ruby) Home: 270.547.7455  
4108 Hwy 477 Home: 270.668.9303  
Webster, KY 40176 Mobile: 270.668.9303  
Term Expires 2009 rribelli@bbtel.com  
**CONWAY, Joseph R.** (4) (Peg) Home: 502.893.7353  
6839 Green Meadows Circle Office: 502.893.0192  
Louisville, KY 40207 Cell: 502.599.5870  
Grand Secretary glofky@aol.com  
**CRADY, Edward E.** "Gene" (829/47) (Janet) Home: 502.222.1717  
1306 Robertson Dr. Cell: 502.592.0341  
Crestwood, KY 40014 croddy1306@bellsouth.net  
Term Expires 2010

**DAVENPORT, Robert** (160) (Cherry) Home: 859.278.7615  
631 Portland Drive Cell: 859.797.5909  
Lexington, KY 40503 gm9899@insightbb.com  
Term Expires 2010

**DEAN, Forrest V.** (954/1) (Helen) Home: 859.277.1728  
778 Rebecca Road Office: 859.254.2745  
Lexington, KY 40502 Cell: 859.229.5302  
Term Expires 2009 fmddeen@aol.com

**DREIER, F. Keith** (607) (Debbie) Home: 859.331.7240  
241 Colony Dr. Office: 513.784.8225  
Edgewood, KY 41017 Cell: 513.607.3876  
Grand Master keith@one.net

**EASTHAM, L. Todd** (89) (Angela) Home: 606.473.5820  
145 Hazelwood Ct. Office: 606.473.6272 x234  
Greenup, KY 41144 Cell: 606.923.1992  
Grand Senior Warden teasham@safelyconsultants.com

**FORESTER, Herman M. Jr.** (73) (Patty) Home: 270.782.2576  
264 Hilltop Trail Cell: 270.991.6601  
Bowling Green, KY 42101 HMf73@bellsouth.net  
Deputy Grand Master

**JOHNSTON, Curtis L.** (548) (Charlotte) Home: 270.383.5224  
809 Westside Cell: 270.339.9415  
Earlington, KY 42410 johnston@newwavecomm.net  
Term Expires 2009

**JUDY, James S.** (109/400) (Nancy) Home: 502.228.8302  
6506 Deep Creek Dr. Cell: 502.648.2089  
Prospect, KY 400049  
14880 Canaan Drive Fl. 239.466.9445  
Ft. Myers, FL 33908 hancys89@aol.com  
Term Expires 2010

**LARIMORE, Jr., Virgil T.** (638) (Pati) Home: 502.339.7640  
1007 Juniper Springs Drive Cell: 502.558.7760  
Louisville, KY 40242 TREASURER lomlarimore@bellsouth.net  
Grand Treasurer

**LEACH, William D.** "Bo" (338) Home/Cell: 859.200.  
PO Box 337 486 Lafayette Ave. Office: 606.726.5  
Irvine, KY 40336 wieach@davislawky.com  
Term Expires 2010

**NATION, Richard T.** (662) (Karen) Home: 502.477.8  
5871 Elk Creek Rd. Office: 502.633.0  
Taylorsville, KY 40071 Cell: 502.553.4  
Term Expires 2009 ricknation@aol.com

**RIDDELL, T. Dwaine** (137/562/999) (Nancy) Home: 606.723.4  
Box 270 407 Poplar St. Office: 606.723.4  
Irvine, KY 40336 Ravenna, KY 40472 Cell: 606.643.3  
Term Expires 2009 tdr@dridell.com

**RUTLEDGE, Dennis H.** (862) (Betty) Home: 502.366.4  
1306 Rhonda Way Cell: 502.807  
Louisville, KY 40216 dreparity@aol.com  
Term Expires 2008

**SAMMONS, John M.** (4/999) (Libby) Home: 502.695.8  
1208 Hopi Trail Office: 502.223.3  
Frankfort, KY 40601-1696 Cell: 502.330.5  
Term Expires 2010 jsammons@tccco.com

**STRATTON, Robert J.** (5) (Helen) Home: 502.633.3  
209 Shoreline Drive, Office: 502.633.6  
Shelbyville, KY 40065 Cell: 502.321.1  
Term Expires 2008

**WALTERS, Martin R.** (732) (Stephanie) Home: 502.897  
3507 Winchester Rd. Office: 502.894.5  
Louisville, KY 40207 Cell: 502.558.4  
Term Expires 2008 msmith1@insightbb.com

**YANKEE, Donald H.** (586/633) (Janice) Home: 502.968.  
6599 Manslick Rd. Cell: 502.387.9  
Louisville, KY 40228 dhy Yankee@insightbb.com  
Grand Junior Warden