

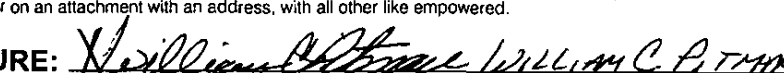


FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90035 003 ****61.25

DOCUMENT # N00000001793						Secretary of State 03-13-2008 90035 003 ***61.25	
1. Entity Name PALM BAY LODGE NO. 397, INC., FREE AND ACCEPTED MASONS OF FLORIDA							
Principal Place of Business 220 OCEAN ST % ROY SHEPPARD JACKSONVILLE, FL 32202			Mailing Address 220 OCEAN ST % ROY SHEPPARD JACKSONVILLE, FL 32202				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01222008 Chg-NP CR2E037 (12/06)	
City & State			City & State			4. FEI Number 59-3660572 Applied For Not Applicable	
Zip		Country		Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of Now Registered Agent			
SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE, FL 32202				Name Lynn, Richard Edward 220 Ocean Street Jacksonville, Florida 32202			
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 				3/10/08 DATE			
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 <input checked="" type="checkbox"/> D FOLEY, WILLIAM THOMAS <input type="checkbox"/> Delete STREET ADDRESS PO BOX 060612 CITY-ST-ZIP MELBOURNE, FL 32906				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME <input checked="" type="checkbox"/> D KENDALL, STEVEN THOMAS <input type="checkbox"/> Delete STREET ADDRESS 1237 DEVON ST SE CITY-ST-ZIP PALM BAY, FL 32909				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME <input checked="" type="checkbox"/> D TOWERS, JOHN THOMAS <input checked="" type="checkbox"/> Delete STREET ADDRESS 1000 LARCH CIR NE 102 CITY-ST-ZIP PALM BAY, FL 32905				TITLE NAME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JUNIOR WARDEN (D) John Wayne Caldwell 2231 Hampton Green Blvd Melbourne FL 32935-5637			
TITLE NAME <input checked="" type="checkbox"/> TD CHADWICK, ROBERT L <input type="checkbox"/> Delete STREET ADDRESS 1785 TEAK ROAD S.E. CITY-ST-ZIP MELBOURNE, FL 32909				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME <input checked="" type="checkbox"/> SD PITMAN, WILLIAM C <input type="checkbox"/> Delete STREET ADDRESS 2075 MICHELS DR. NE CITY-ST-ZIP PALM BAY, FL 329053903				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME <input type="checkbox"/> Delete				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 				3/7/08 321-724-8753 Date Daytime Phone #			