
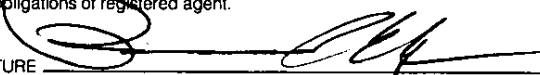
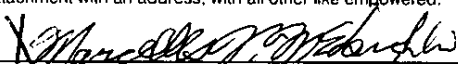


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90035 005 ****61.25

DOCUMENT # N0100003599					
1. Entity Name MOUNT MORIAH LODGE NO. 400, INC., FREE AND ACCEPTED MASONS OF FLORIDA					
Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US		Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE, FL 32202 US			
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 58-3674018	
				Applied For Not Applicable	
				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 New Registered Agent		
SHEPPARD, ROY C 220 OCEAN STREET JACKSONVILLE, FL 32202			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		 Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE: 3/10/08	
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	SW	<input checked="" type="checkbox"/> Delete	TITLE	WORSHIPFUL MASTER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBENSTEIN, MICHAEL		NAME	Thomas Henry Doran III	
STREET ADDRESS	1350 MARSH CRK LN		STREET ADDRESS	P O Box 467	
CITY-ST-ZIP	ORLANDO, FL 328286137		CITY-ST-ZIP	Deland, FL 32721-0467	
TITLE	JWD	<input checked="" type="checkbox"/> Delete	TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, PETER S		NAME	Leslie Raymond Williams	
STREET ADDRESS	10540 BASTILLE LN		STREET ADDRESS	10307 Brownwood Ave	
CITY-ST-ZIP	ORLANDO, FL 328364619		CITY-ST-ZIP	Orlando-FL-32825-6627	
TITLE	WMD	<input checked="" type="checkbox"/> Delete	TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMMONS, ROBERT N		NAME	Mark Weston Piosila	
STREET ADDRESS	5988 BENT PINE DR		STREET ADDRESS	1220 Bonnie Lou Dr	
CITY-ST-ZIP	ORLANDO, FL 328223334		CITY-ST-ZIP	Orlando-FL-32809-6017	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, MARCELLES V		NAME		
STREET ADDRESS	947 GUY RD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 328285424		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIS, MARK D		NAME	Melvin Howard Roe	
STREET ADDRESS	336 COURTNEY SPRINGS CIR		STREET ADDRESS	1418 Pinar Dr	
CITY-ST-ZIP	WINTER SPRINGS, FL 327086336		CITY-ST-ZIP	Orlando-FL-32825-8208	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		MARCELLES V. MCLAUGHLIN		3-5-08 407568-4652	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Sec.		Date Daytime Phone #	