
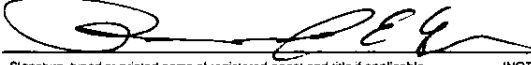



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-13-2008 90035 004 \*\*\*\*61.25

<b>DOCUMENT # N01000003950</b>			
1. Entity Name <b>SILAM LODGE NO. 399, INC., FREE AND ACCEPTED MASONS OF FLORIDA</b>			
Principal Place of Business <b>220 OCEAN ST N JACKSONVILLE, FL 32202</b>		Mailing Address <b>C/O ROY CONNOY SHEPPARD 220 OCEAN ST N JACKSONVILLE, FL 32202</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
6. Name and Address of Current Registered Agent <b>SHEPPARD, ROY CONNOR 220 OCEAN ST. 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, and I, the undersigned, accept the obligations of registered agent.			
SIGNATURE 		DATE <b>3/11/08</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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDIFER, JACK E 15819 LITTLE RANCH RD. SPRING HILL, FL 346106836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOIS, ALPHONSE P.O BOX 11046 SPRING HILL, FL 346101046 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven Allen Thompson 6208 W Minuteman St Homosassa, FL 34448-1628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARBOWSKI, FRANCIS P 8344 GALLUP RD. SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEAVER, RICHARD A 3389 GRAYTON DR. SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEAN, KEITH W PO BOX 4500 TAMPA, FL 33677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Richard Albert Weaver 11376 Kingstree Ct Spring Hill, FL 34609-9679
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		Date <b>2-3-08</b> Daytime Phone # <b>352-238-8503</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>RICHARD A. WEAVER</b>			