

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90168 002 ****61.25

DOCUMENT # N94000003393

1. Entity Name
**TRAVELERS LODGE NO. 390, INC. FREE AND
ACCEPTED MASONS OF FLORIDA**



Principal Place of Business
**C/O ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202**

Mailing Address
**C/O ROY CONNOR SHEPPARD
220 OCEAN STREET
JACKSONVILLE, FL 32202**

40049593



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

02092007

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-3253580

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEPPARD, ROY CONNOR
220 OCEAN STREET
JACKSONVILLE, FL 32202**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**→ Filing Fee is \$61.25
Due by May 1, 2007 ←**

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

11. ADDITIONS/CHANGES TO OFFICERS OR DIRECTORS IN 10

TITLE **WM** ☒ Delete
NAME **GARDNER, JAMES T**
STREET ADDRESS **213 NOXON ST**
CITY-ST-ZIP **AUBURNDAL, FL 338233236**

TITLE **JUNIOR WARDEN** (D) ☒ Addition
NAME **John William Westerman III**
STREET ADDRESS **1417 Ave D NE**
CITY-ST-ZIP **Winter Haven FL 33881-4336**

TITLE **SW** ☒ Delete
NAME **SMITH, POGER W**
STREET ADDRESS **305 E HOFFMAN ST**
CITY-ST-ZIP **LAKE ALFRED, FL 338502916**

TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
NAME **Roger William Smith**
STREET ADDRESS **305 E Hoffman St**
CITY-ST-ZIP **Lake Alfred FL 33850-2916**

TITLE **JW** ☒ Delete
NAME **KLINKE, WILLIAM C**
STREET ADDRESS **POB 544**
CITY-ST-ZIP **LAKE ALFRED, FL 338500544**

TITLE **SENIOR WARDEN** (D) ☒ Change ☐ Addition
NAME **William Clarence Klinke**
STREET ADDRESS **P O Box 544 N/A**
CITY-ST-ZIP **Lake Alfred FL 33850-0544**

TITLE **SD** ☐ Delete
NAME **JOHNSON, LAWRENCE L**
STREET ADDRESS **825 S LAKE SHORE WAY**
CITY-ST-ZIP **LAKE ALFRED, FL 33850**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **STENGL, WENCIL H**
STREET ADDRESS **570 TEESDALE**
CITY-ST-ZIP **HAINES CITY, FL 34844**

TITLE **TREASURER** (D) ☐ Change ☒ Addition
NAME **Harry A McMullen**
STREET ADDRESS **66 Straphmore Dr**
CITY-ST-ZIP **Haines City FL 33844-6200**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. L. JOHNSON SECT. 08 MAR 07 (863) 256-3157

Date

Daytime Phone #