

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90024 024 \*\*\*\*61.25

<b>DOCUMENT # N94000003393</b>					
<b>1. Entity Name</b> TRAVELERS LODGE NO. 390, INC. FREE AND ACCEPTED MASONS OF FLORIDA					
<b>Principal Place of Business</b> C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202			<b>Mailing Address</b> C/O ROY CONNOR SHEPPARD 220 OCEAN STREET JACKSONVILLE, FL 32202		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3253580	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHEPPARD, ROY CONNOR 220 OCEAN STREET 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE			DATE <u>3/28/08</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			DATE		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> D <b>NAME</b> WESTERMAN, JOHN W <b>STREET ADDRESS</b> 1417 AVE D NE <b>CITY-ST-ZIP</b> WINTER HAVEN, FL 338814336	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> SMITH, POGER W <b>STREET ADDRESS</b> 305 E HOFFMAN ST <b>CITY-ST-ZIP</b> LAKE ALFRED, FL 338502916	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> ✓ KLINKE, WILLIAM C <b>STREET ADDRESS</b> POB 544 <b>CITY-ST-ZIP</b> LAKE ALFRED, FL 338500544	<input type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> ✓ JOHNSON, LAWRENCE L <b>STREET ADDRESS</b> 825 S LAKE SHORE WAY <b>CITY-ST-ZIP</b> LAKE ALFRED, FL 33850	<input type="checkbox"/> Delete				
<b>TITLE</b> T <b>NAME</b> ✓ MCMULLEN, HARRY <b>STREET ADDRESS</b> 55 STRAPHMORE DR. <b>CITY-ST-ZIP</b> HAINE CITY, FL 34844	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>SENIOR WARDEN (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles Fernald Niles Jr 21 Cypress Run Haines City FL 33844-9698				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>JUNIOR WARDEN (D)</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Kay Taylor 123 WGT Tower Rd Polk City FL 33868-9276				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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>					
<b>SIGNATURE:</b>			DATE <u>03 MAR 08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>(813) 956-3157</u>		