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Secretary of State
03-23-2007 90016 017 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N98000001024

1. Entity Name
OKEECHOBEE LODGE NO. 237 FREE AND ACCEPTED MASONS OF FLORIDA, INC.

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

01202007 Chg-NP CR2E037 (12/06)

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 23-7526489 ☐ 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 C 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	WMD YODER, BUCHANNON J 8613 SE 59TH DR OKEECHOBEE, FL 349741468	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~WORSHIPFUL MASTER~~ (D) Matthew Paul Buxton 2054 SW 3rd St Okeechobee FL 34974-3978	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SWD BUXTON, MATTHEW P 2054 SW 3RD ST OKEECHOBEE, FL 34974	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SENIOR WARDEN~~ (D) Jose Maria Verano P O Box 2056 N/A Okeechobee FL 34973-2056	☒ Change ☐ Addition
TITLE ✓ / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOLT, RICHARD A 903 SW 4TH AVENUE OKEECHOBEE, FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JWD VERANO, JOSE M P.O. BOX 2056 OKEECHOBEE, FL 34973	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~JUNIOR WARDEN~~ (D) James Arnold Green 2428 SW 18th CT Okeechobee FL 34974-5604	☐ Change ☒ Addition
TITLE ✓ / NAME / STREET ADDRESS / CITY-ST-ZIP	T REYNOLDS, JAMES W 6205 SE 96TH DR OKEECHOBEE, FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: X _____ Richard A. Holt SECRETARY 3/12/07 863 634 8085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #