

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90186 001 *3,491.25

DOCUMENT # C10021
 1. Entity Name
HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASO

Principal Place of Business ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202	Mailing Address ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7526466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME JWD WHITE, CARL R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 309 PENNSYLVANIA STREET	
CITY-ST-ZIP HAINES CITY FL 33844-3833	
TITLE NAME TD CARPENTER, OLIVER L JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1636 LE HALL SQUARE SOUTH	
CITY-ST-ZIP LAKELAND FL 33810	
TITLE NAME WMD WITCHER, JAMES C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1801 ANGLE AVENUE	
CITY-ST-ZIP HAINES CITY FL 33844	
TITLE NAME SWD BURTON, ADDISON K	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 328 SOUTH 2ND STREET	
CITY-ST-ZIP HAINES CITY FL 33844-5114	
TITLE NAME SD CLANIN, ROBERT D	<input type="checkbox"/> Delete
STREET ADDRESS 25 RANCH TRAILS RD	
CITY-ST-ZIP HAINES CITY FL 33844-9748	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS Addison Kent Burton	
CITY-ST-ZIP 328 S 2ND St Haines City FL 33844-5114	
TITLE NAME SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS Thomas Cecil Leach	
CITY-ST-ZIP 1701 Commerce Ave Lot #7 Haines City FL 33844	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Robert D. Clanin* **SECRETARY** **REQUIRES** Secretary March 20, 2001 863-439 1477

CR2E037 (10/00)