

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91540 001 *4,471.25

0002714

DOCUMENT # C10021

1. Entity Name

HAINES CITY LODGE NO. 219 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

Mailing Address

**ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202**

**ROY CONNOR SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7526466

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	BURTON, ADDISON K	
STREET ADDRESS	328 S 2ND STREET	
CITY-ST-ZIP	HAINES CITY FL 33844-5114	
TITLE	SWD	<input type="checkbox"/> Delete
NAME	LEACH, THOMAS C	
STREET ADDRESS	1701 COMMERCE AVE LOT #7	
CITY-ST-ZIP	HAINES CITY-FL 33844	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLANIN, ROBERT D	
STREET ADDRESS	25 RANCH TRAILS RD	
CITY-ST-ZIP	HAINES CITY FL 33844-9748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Cecil Leach	
STREET ADDRESS	1701 Commerce Ave Lot #7	
CITY-ST-ZIP	Haines City FL 33844	
TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Ellison Rachel	
STREET ADDRESS	1020 Kentucky St	
CITY-ST-ZIP	Haines City FL 33844	
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Lee Porter	
STREET ADDRESS	117 N 18th Street	
CITY-ST-ZIP	Haines City FL 33844	
TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oliver Leroy Carpenter Jr	
STREET ADDRESS	1636 LEHALL SQUARE SOUTH	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 thereto, in the same manner as required by Chapter 617, Florida Statutes.

SIGNATURE: *Robert D. Clanin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 863-439-1477

CR2E037 (9/01)