

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90480 001 *2,817.50

DOCUMENT # C10031

1. Entity Name

**SAINT ANDREWS LODGE NO. 212 FREE AND ACCEPTED M
 ASONS OF FLORIDA**

Principal Place of Business

Mailing Address

**C/O ROY CONNOR SHEPPARD
 220 OCEAN ST.
 JACKSONVILLE FL 32202**

**C/O 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

59-1379644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD KELLY, THOMAS E 2801 W 12TH STREET PANAMA CITY FL 32401	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HIGHTOWER, ROY A 2513 W 27TH ST PANAMA CITY FL 32405-2108	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SWD KELLEY, PAUL P 1517 BLUE GRASS BLVD LYNN HAVEN FL 32444	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD WILLIAMS, JOEL D 11704 BAY VISTA DR PANAMA CITY FL 32404-2623	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASS, VIRGIL D 3541 FLORIDA AVE PANAMA CITY FL 32405-3324	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) ☒ Change ☐ Addition Paul Poole Kelley 1517 Blue Grass Blvd Lynn Haven FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) ☒ Change ☐ Addition Thomas Edward Kelly 2801 W. 12th St Panama City FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) ☐ Change ☒ Addition Jeffrey Paul Deshaizer 3926 Peters Dr Panama City FL 32405-1445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)