

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

05-14-2002 90480 001 \*2,817.50

**DOCUMENT # C10051**

1. Entity Name

**BEAVER CREEK LODGE NO. 230 FREE AND ACCEPTED MAS  
 ONS 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

**23-7526474**

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 NAME	<b>WMD LANOUE, DAVID F</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>974 LIGHTHOUSE CHURCH RD</b>	
CITY-ST-ZIP	<b>HOLT FL 32564</b>	
TITLE NAME	<b>SWD LOBINGIER, DENNIS P</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>5851 ANTLER WAY</b>	
CITY-ST-ZIP	<b>CRESTVIEW FL 32536-5506</b>	
TITLE NAME	<b>JWD BOOKER, WINDLE G</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>8228 BEAVER CREEK RD</b>	
CITY-ST-ZIP	<b>BAKER FL 32531-9802</b>	
TITLE NAME	<b>TD LANOUE JR, WILFRED H</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>974 LIGHTHOUSE CHURCH RD</b>	
CITY-ST-ZIP	<b>HOLT FL 32564-9711</b>	
TITLE NAME	<b>SD BOYETT, GREGORY D</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>88 DANIEL JOHNSON RD</b>	
CITY-ST-ZIP	<b>BAKER FL 32531-9815</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>WORSHIPFUL MASTER (D)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Dennis Paul Lobingier</b>	
CITY-ST-ZIP	<b>5851 Antler Way Crestview Fl 32536-5506</b>	
TITLE NAME	<b>SENIOR WARDEN (D)</b>	Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Cary Gates</b>	
CITY-ST-ZIP	<b>5256 Sue Circle Crestview Fl 32539</b>	
TITLE NAME	<b>JUNIOR WARDEN (D)</b>	Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Wilfred Henry Lanoue Jr</b>	
CITY-ST-ZIP	<b>974 Lighthouse Church Rd Holt Fl 32564-9711</b>	Change <input checked="" type="checkbox"/> Addition
TITLE NAME	<b>SECRETARY (D)</b>	Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>Eddy Carroll Whobrey Sr</b>	
CITY-ST-ZIP	<b>150 Patch Ave Crestview Fl 32539</b>	Change <input type="checkbox"/> Addition
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:

*Eddy C. Whobrey, Sr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/02**  
 Date

**850.689.1978**  
 Daytime Phone #

CR2007 (9/01)