

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90525 001 ***980.00

DOCUMENT # C10060

1. Entity Name

**MOUNT EWELL LODGE NO. 131 FREE AND ACCEPTED MASO
NS 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

59-1390422

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 CONNOR
220 OCEAN ST
JACKSONVILLE FL**

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 **SWD** ☒ Delete
NAME **JORDAN, BILLY RAY**
STREET ADDRESS **PO BOX 1898**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
NAME **John Hartwell Parker**
STREET ADDRESS **P. O. Box 249** **N/A**
CITY-ST-ZIP **Holt FL 32564-0249**

TITLE **JWD** ☐ Delete
NAME **PARKER, JOHN HARTWELL**
STREET ADDRESS **PO BOX 249**
CITY-ST-ZIP **HOLT FL 32564-0249**

TITLE **SENIOR WARDEN** (D) ☐ Change ☒ Addition
NAME **Larry M Cunningham**
STREET ADDRESS **7558 Red Barrow Road**
CITY-ST-ZIP **Baker FL 32531**

TITLE **WMD** ☐ Delete
NAME **GATES, JOHN P**
STREET ADDRESS **6145 W DOGWOOD DR**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE **JUNIOR WARDEN** (D) ☒ Change ☐ Addition
NAME **John Pickens Gates**
STREET ADDRESS **6145 W Dogwood Dr**
CITY-ST-ZIP **Crestview FL 32536**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** (D) ☐ Change ☒ Addition
NAME **Marion Eudon Thamei**
STREET ADDRESS **8351 Thamei Road**
CITY-ST-ZIP **Baker FL 32531**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** (D) ☐ Change ☒ Addition
NAME **James Edward Brown**
STREET ADDRESS **1262 Sexton Dr**
CITY-ST-ZIP **Baker FL 32531**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 with an address, with all other like empowered.

SIGNATURE: *James E. Brown, Sec.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-02

Date

904-354-2339

Daytime Phone #

CR2E037 (9/01)