## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # C10141** 1. Entity Name VERNON LODGE NO. 164 FREE AND ACCEPTED MASONS OF 04-25-2001 90235 001 \*4,602.50 Principal Place of Business Mailing Address ROY CONNOR SHEPPARD ROY CONNOR SHEPPARD 220 OCEAN ST 220 OCEAN ST 38835 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 23-7526436 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SHEPPARD, ROY CONNOR 220 OCEAN STREET JACKSONVILLE FL 32202 City 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) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Delete TITLE TITLE WORSHIPFUL MASTER (D) NAME ANDERSON, HORACE D NAME John Robert Flatner STREET ADDRESS STREET ADDRESS 4752L SMITH RD 1058 Highway 277 CITY-ST-7IP CITY-ST-ZIP VERNON FL 32462 Chipley F1-32428 ☐ Addition Change ☐ Delete TITLE TITLE HOWELL, JAMES STERLING NAME NAME SENIOR WARDEN IDI STREET ADDRESS 3991 DORCH CIRCLE STREET ADDRESS Horace DeWayne Anderson CITY-ST-ZIP CITY-ST-ZIP VERNON FL 33246 5684 Creek Rd SWD: TITLE Change - 🔄 Addition **≥** Selete TITLE Nernon FL 32462 ALBRITTON, ROBERT W JR NAME NAME STREET ADDRESS STREET ADDRESS JUNIOR WARDEN (D) PO BOX 914 -CITY-ST-7IP CITY-ST-ZIP CHIPLEY FL 32428 Herbert Louis Gunn\_ ☐ Change Addition TITLE 2815 Rob Forehand Rd ☐ Delete KOEPP, RAYMOND ORAL NAME NAME Bonifay FL 32425 STREET ADDRESS STREET ADDRESS 4963 BURNES LAKE RD CITY-ST-ZIP CITY-ST-7IP CARYVILLE FL 32427 TITLE Change ■ Addition TITLE JWD. Delete NAME NAME FLATNER, JOHN R STREET ADDRESS STREET ADDRESS 1058 HIGHWAY 277 CITY-ST-ZIP CITY-ST-ZIP CHIPLEY FL 32428 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 Raymond O. Noenp, Sec. /

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