

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90123 001 *1,898.75

DOCUMENT # C10141

1. Entity Name

VERNON LODGE NO. 164 FREE AND ACCEPTED MASONS OF FLORIDA

Principal Place of Business

Mailing Address

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

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

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

23-7526436

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 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 **WMD** ☒ Delete
 NAME **FLATNER, JOHN R**
 STREET ADDRESS **1058 HIGHWAY 277**
 CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE NAME **WORSHIPFUL MASTER** (D) ☒ Change ☐ Addition
 NAME **Horace DeWayne Anderson**
 STREET ADDRESS **5684 Creek Rd**
 CITY-ST-ZIP **Vernon FL 32462**

TITLE NAME **D** ☐ Delete
 NAME **HOWELL, JAMES STERLING**
 STREET ADDRESS **3991 DORCH CIRCLE**
 CITY-ST-ZIP **VERNON FL 33246**

TITLE NAME **SENIOR WARDEN** (D) ☒ Change ☐ Addition
 NAME **Herbert Louis Gunn**
 STREET ADDRESS **2815 Rob Forehand Rd**
 CITY-ST-ZIP **Bonifay FL 32425**

TITLE NAME **SWD** ☐ Delete
 NAME **ANDERSON, HORACE D**
 STREET ADDRESS **5684 CREEK ROAD**
 CITY-ST-ZIP **VERNON FL 32462**

TITLE NAME **JUNIOR WARDEN** (D) ☐ Change ☒ Addition
 NAME **Curtis Porter Jr**
 STREET ADDRESS **5689 DOUGLAS FERRY RD**
 CITY-ST-ZIP **CARYVILLE FL 32427**

TITLE NAME **DS** ☐ Delete
 NAME **KOEPP, RAYMOND ORAL**
 STREET ADDRESS **4963 BURNES LAKE RD**
 CITY-ST-ZIP **CARYVILLE FL 32427**

TITLE NAME ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **JWD** ☐ Delete
 NAME **GUNN, HERBERT L**
 STREET ADDRESS **2815 ROB FOREHAND RD**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE NAME ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ 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: *Raymond O. Koepf*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond O. Koepf, Secretary
 Date *2-26-02* Daytime Phone # *904-354-2339*

CR2E037 (9/01)