

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # C10143

1. Entity Name

DIXIE LODGE NO. 109, FREE AND ACCEPTED MASONS OF

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90046 001 *6,125.00

Principal Place of Business

Mailing Address

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202
US

ROY CONNOR SHEPPARD
220 OCEAN ST.
JACKSONVILLE FL 32202-3218
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1652886

Applied For

Not Applicable

Zip

Country

Zip

Country

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 ST
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	WMD	<input checked="" type="checkbox"/> Delete
NAME	ALLEN MAYO, GREGORY	
STREET ADDRESS	1214 MAINE AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LAMAR FORD, STEPHEN	
STREET ADDRESS	RT 1, BOX 144H	
CITY-ST-ZIP	BRISTOL FL 32312-9801	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MAYO, JAMES CLIFFORD	
STREET ADDRESS	PO BOX 66 N/A	
CITY-ST-ZIP	CLARKSVILLE FL 32430-0066	
TITLE	JWD	<input checked="" type="checkbox"/> Delete
NAME	SHULER, BRIGHAM SAMUEL	
STREET ADDRESS	RT 3 BOX 365	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WORSHIPFUL MASTER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Clifford Mayo	
STREET ADDRESS	PO Box 666 N/A	
CITY-ST-ZIP	Blountstown Fl. 32424	
TITLE	SENIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Russell Hearn Edenfield	
STREET ADDRESS	RT 1 Box 151-D	
CITY-ST-ZIP	Bristol FL 32321	
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig Robert Millette	
STREET ADDRESS	P.O. Box 446 N/A	
CITY-ST-ZIP	Hosford FL 32334	
TITLE	TREASURER (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Halley Harper Frye	
STREET ADDRESS	P.O. Box 165 N/A	
CITY-ST-ZIP	Blountstown Fl 32424	
TITLE	SECRETARY (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Russell Morris Jr	
STREET ADDRESS	PO Box 693 N/A	
CITY-ST-ZIP	Bristol Fl 32321-0693	

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: *Charles R. Morris Jr.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07 March 2000 850 643 5712

Date

Daytime Phone #

CR2E037 (9/99)