

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0002423

DOCUMENT # C10156

1. Entity Name

**MARION-DUNN LODGE NO. 19 FREE AND ACCEPTED MASON
 S OF FLORIDA**

04-02-2002 90868 001 *2,082.50

Principal Place of Business

Mailing Address

**C/O ROY CONNER SHEPPARD
 220 OCEAN ST
 JACKSONVILLE FL 32202**

**C/O ROY CONNER 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

4. FEI Number

59-1381586

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

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 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	SWD	<input type="checkbox"/> Delete
NAME	POEHLMAN, RUSSELL E	
STREET ADDRESS	5445 NE JAX RD	
CITY-ST-ZIP	OCALA FL 34479-1744	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, PAUL E JR	
STREET ADDRESS	604 SE 51ST AVE	
CITY-ST-ZIP	OCALA FL 34471-3387	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JEFFCOAT, HOWARD T	
STREET ADDRESS	P O BOX 744 N/A	
CITY-ST-ZIP	OCALA FL 34478-0744	
TITLE	WMD	<input checked="" type="checkbox"/> Delete
NAME	BARTMAN, PAUL S	
STREET ADDRESS	5114 SW 31ST ST	
CITY-ST-ZIP	OCALA FL 34474-4335	
TITLE	JWD	<input type="checkbox"/> Delete
NAME	HERREN, SAMUEL W JR	
STREET ADDRESS	P.O. BOX 1334	
CITY-ST-ZIP	OCALA FL 34478-1334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	WORSHIPFUL MASTER (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell Eugene Poshlman	
STREET ADDRESS	5445 NE Jax Rd	
CITY-ST-ZIP	Ocala Fl 34479-1744	
TITLE	SENIOR WARDEN (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuel Wesley Herren Jr	
STREET ADDRESS	P O Box 1334 N/A	
CITY-ST-ZIP	Ocala FL 34478-1334	
TITLE	JUNIOR WARDEN (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory Jeff Wilson	
STREET ADDRESS	2701 NE 69th St	
CITY-ST-ZIP	Ocala FL 34479	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Howard T. Jeffcoat, Sec.* **Howard T. Jeffcoat, Sec.** *3/13/02* **352-694-2461**

CR2E037 (9/01)