

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-29-2000 90046 001 *6,125.00

DOCUMENT # C10216
 1. Entity Name
WALDO LODGE NO. 10 FREE AND ACCEPTED MASONS OF F

Principal Place of Business C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202 US	Mailing Address C/O ROY CONNOR SHEPPARD 220 OCEAN ST JACKSONVILLE FL 32202-3218 US
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DO NOT WRITE IN THIS SPACE

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 23-7526334	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD DOBBS, RAYMOND A SR 1391 SE 24TH PL GAINESVILLE FL 32641	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, JOHN L SR P O BOX 1716 N/A HAWTHORNE FL 32640-1716	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, RENDER L P O BOX 205 N/A WALDO FL 32694-0205	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HODGES, JAMES J PO BOX 2049 N/A KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLEVINGER, EARNEST J P.O. BOX 722 NA WALDO FL 32694-0722	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) Charles Franklin Slifer Jr. Po Box 597 N/A Waldo FL 32694-0597	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) Charles Frederick Hall Jr. Po Box 305 N/A Waldo FL 32694-0305	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WORSHIPFUL MASTER (D) Render Lee Hudson 4120 N W 31ST TERRACE GAINESVILLE FL 32605	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Earneft Clevinger*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **EARNEST CLEVINGER** Date **5-27-00** Daytime Phone # **352-468-7592**

CR2E037 (9/99)